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CONTENTS OF VOLUME 49

PAPERS

	PAGE
JAMES ALEXANDER and ROY M. WHITMAN: On gloating	732
JAMES ALEXANDER and K. S. ISAACS: The psychology of the fool	420
DIDIER ANZIEU: Comment on Dr Brenner's paper	429
NORMAN B. ATKINS: Contribution to Symposium on acting out	221
CHARLOTTE BALKÁNYI: Language, verbalization and superego	712
JOSÉ BARCHILON: Camus' <i>The Fall</i>	386
B. BARTOLESCHI and A. NOVELETTO: Contribution to Symposium on child analysis and paediatrics	294
ANITA BELL: Additional aspects of passivity and feminine identification in the male	640
ESTHER BICK: The experience of the skin in early object relations	484
BRIAN BIRD: On candidate selection and its relation to analysis	513
HAROLD P. BLUM: Childhood physical illness and invalid adult personality	502
CLEMENS de BOOR: Comment on Dr Musaph's paper	339
CHARLES BRENNER: Archaic features of ego functioning	426
TOBIAS BROCHER: Comment on paper by Drs Joffe and Sandler	454
DOROTHY BURLINGHAM: Occupations and toys for blind children	477
KENNETH CALDER: How psychoanalytic institutes evaluate applicants' replies to a questionnaire	540
JUSTIN D. CALL: Lap and finger play in infancy	375
L. CHERTOK: The discovery of the transference	560
LAURA A. DEMARIA: Contribution to Symposium on acting out	219
RENE DIATKINE: Contribution to Symposium on indications and contraindications for psychoanalytic treatment	266
RUDOLF EKSTEIN: Impulse-acting-out-purpose: psychotic adolescents	347
HANS F. FINK: Contribution to Symposium on psychic traumatization through social catastrophe	327
FRANCO FORNARI: Comment on Dr Meltzer's paper	400

	PAGE
ANNA FREUD: Contribution to Symposium on acting out	165
W. ERNEST FREUD: Some general reflections on the metapsychological profile	498
ROBERT A. FURMAN: Contribution to Symposium on child analysis and paediatrics	276
ROBERT A. FURMAN: Comment on Dr Stern's paper .	461
HECTOR GARBARINO: Contribution to Symposium on acting out	193
ANGEL GARMA: Contribution to Symposium on psycho- somatics	241
ARNOLD L. GILBERG: The Ecumenical Movement and the treatment of nuns	481
PETER GIOVACCHINI: Comment on Dr Weissman's paper	469
I. PETER GLAUBER: Dysautomatization: a disorder of preconscious ego functioning	89
PHYLLIS GREENACRE: Contribution to Symposium on acting out	211
RALPH R. GREENSON: Disidentifying from mother .	370
LEÓN GRINBERG: Contribution to Symposium on acting out	171
ARNO GRUEN: Autonomy and identification: the paradox of their opposition	648
SAMUEL A. GUTTMAN: Contribution to Symposium on indications and contraindications for psychoanalytic treatment	254
LADISLAV HAAS: The secondary defensive struggle against the symptom in sexual disturbances	402
MARCEL HEIMAN: Comment on Dr Stoller's paper .	368
PAULA HEIMANN: The evaluation of applicants for psychoanalytic training	527
KLAUS D. HOPPE: Contribution to Symposium on psychic traumatization through social catastrophe	324
KENNETH S. ISAACS and J. ALEXANDER: The psychology of the fool.	420
DANIEL S. JAFFE: The mechanism of projection . . .	662
RUTH JAFFE: Contribution to Symposium on psychic traumatization through social catastrophe	310
W. G. JOFFE and J. J. SANDLER: Comments on the psychoanalytic psychology of adaptation.	445
MARK KANZER: Ego alteration and acting out . . .	431
OTTO KERNBERG: The treatment of patients with border- line personality organization	600
JUDITH S. KESTENBERG: Acting out in the analysis of children and adults	341
JOHN KLAUBER: On the dual use of historical and scientific method in psychoanalysis	80

	PAGE
HEINZ KOHUT: The evaluation of applicants for psycho-analytic training	548
OTAKAR KUČERA: On being acted on	495
P. C. KUIPER: Contribution to Symposium on indications and contraindications for psychoanalytic treatment	261
P. C. KUIPER: Comment on paper by Drs Orgel and Shengold	383
FREDERICK KURTH and A. PATTERSON: Structuring aspects of the penis	620
J. L. LANG: Contribution to Symposium on child analysis and paediatrics	286
JEAN LAPLANCHE and J-B. PONTALIS: Fantasy and the origins of sexuality	1
MOSES LAUFER: Comment on Dr Kestenberg's paper	344
SERGE LEOVICI: Contribution to Symposium on acting out	202
P. J. van der LEEUW: The psychoanalytic Society	160
DAVID LIBERMAN: Comment on Dr Waldhorn's paper	362
A. LIMENTANI: On drug dependence	578
GARDNER LINDZEY: Psychoanalytic theory: paths of change	656
EBBE J. LINNEMANN: Comment on Dr Wood's paper	442
RALPH B. LITTLE: The resolution of oral conflicts in a spider phobia	492
R. M. LOEWENSTEIN: Comment on Dr Naiman's paper	356
L. BÖRJE LÖFGREN: Castration anxiety and the body ego	408
ALFRED LORENZER: Contribution to Symposium on psychic traumatization through social catastrophe	316
ANNA MAENCHEN: Comment on Dr Ekstein's paper	351
MARGARET S. MAHLER: Comment on Dr Löfgren's paper	410
PIERRE MARTY: Contribution to Symposium on psychosomatics	246
W. W. MEISSNER: Dreaming as process	63
W. W. MEISSNER: Notes on dreaming: dreaming as a cognitive process	699
DONALD MELTZER: Terror, persecution, dread	396
ALEXANDER MITSCHERLICH: Contribution to Symposium on psychosomatics	236
MARGARETHE MITSCHERLICH: Contribution to Symposium on acting out	188
R. E. MONEY-KYRLE: Cognitive development	691
BURNES MOORE: Contribution to Symposium on acting out	182

	PAGE
LOIS MUNRO: Comment on the paper by Drs Alexander and Isaacs	424
HERMAN MUSAPH: Psychodynamics in itching states	336
MICHEL DE M'UZAN: Comment on Dr Wilson's paper	333
JAMES NAIMAN: Short term effects as indicators of the role of interpretations	353
ALFREDO NAMNUM: Contribution to Symposium on indications and contraindications for psychoanalytic treatment	271
W. G. NIEDERLAND: Contribution to Symposium on psychic traumatization through social catastrophe.	313
A. NOVELETTO and B. BARTOLESCHI: Contribution to Symposium on child analysis and paediatrics	294
DENIS O'BRIEN: Psychoanalytic method and the concept of repression	678
SAMUEL ORGEL: Comment on Dr Sinha's paper	417
SHELLEY ORGEL and L. SHENGOLD: The fatal gifts of Medea	379
ANDREW PATTERSON and FREDERICK KURTH: Structuring aspects of the penis	620
ANDREW PETO: On affect control	471
J-B. PONTALIS and JEAN LAPLANCHE: Fantasy and the origins of sexuality ;	1
LEO RANGELL: Contribution to Symposium on acting out	195
LEO RANGELL: The psychoanalytic process	19
ERNEST A. RAPPAPORT: Beyond traumatic neurosis	719
A. and M. RASCOVSKY: Genesis of acting out and psychopathic behaviour	390
MORTON F. REISER: Contribution to Symposium on psychosomatics	231
DONALD B. RINSLEY: Economic aspects of object relations	38
SAMUEL RITVO: Comment on Dr Kanzer's paper	435
EMILIO RODRIGUE: Contribution to Symposium on child analysis and paediatrics	290
JULIEN ROUART: Contribution to Symposium on acting out	185
J. J. SANDLER and W. G. JOFFE: Comments on the psychoanalytic psychology of adaptation.	445
ROY SCHAFER: The mechanisms of defence	49
HEDWIG SCHWARZ: Contribution to Symposium on acting out	179
HERMAN M. SEROTA: Discussion of Chertok's paper	576

	PAGE
LEONARD L. SHENGOLD and SHELLEY ORGEL: The fatal gifts of Medea	379
LEONARD L. SHENGOLD: Once doesn't count	489
ERICH SIMENAUER: Contribution to Symposium on psychic traumatization through social catastrophe.	306
T. C. SINHA: Observations on the concept of ego	413
CHARLES W. SOCARIDES: A provisional theory of aetiology in male homosexuality—a case of preoedipal origin	27
ALBERT J. SOLNIT: Contribution to Symposium on child analysis and paediatrics	280
MELITTA SPERLING: Contribution to Symposium on psychosomatics	250
MELITTA SPERLING: Trichotillomania, trichophagy, and cyclic vomiting	682
MAX M. STERN: Fear of death	457
H. A. van der STERREN: Comment on paper by the Drs Rascovsky	394
HAROLD STEWART: Levels of experience of thinking	709
ROBERT J. STOLLER: A further contribution to the study of gender identity	364
LAJOS SZÉKELEY: Comment on Dr Haas's paper	406
PETER G. THOMSON: Vicissitudes of the transference in a male homosexual	629
I. TOLENTINO and G. C. ZAPPAROLI: The psycho-analytic vocation and the implications of the training analyst's countertransference on selection of candidates	555
ARTHUR VALENSTEIN: Contribution to Symposium on indications and contraindications for psychoanalytic treatment	265
THORKIL VANGGAARD: Contribution to Symposium on acting out	206
HERBERT F. WALDHORN: Indications and contraindications: lessons from the second analysis	358
ROBERT S. WALLERSTEIN: Comment on Dr Peto's paper	474
MARTIN WANGH: Contribution to Symposium on psychic traumatization through social catastrophe	319
PHILIP WEISSMAN: Psychological concomitants of ego functioning in creativity	464
ROY WHITMAN and J. ALEXANDER: On gloating	732
DANIEL WIDLOCHER: Contribution to the study of change	487
C. PHILIP WILSON: The relationship between psychosomatic asthma and acting out	330

	PAGE
E. de WIND: Contribution to Symposium on psychic traumatization through social catastrophe	302
D. W. WINNICOTT: Contribution to Symposium on child analysis and paediatrics (note)	279
D. W. WINNICOTT: Playing; its theoretical status in the clinical situation	591
H. WINNIK: Contribution to Symposium on psychic traumatization through social catastrophe	298
EDWIN C. WOOD: Acting out viewed in the context of the hospital	438
G. C. ZAPPAROLI and I. TOLENTINO: The psycho-analytic vocation and the implications of the training analyst's countertransference on selection of candidates	555
ELIZABETH ZETZEL: Contribution to Symposium on indications and contraindications for psychoanalytic treatment	256

BOOK REVIEWS

I. BOSZORMENYI-NAGY and J. L. FRAMO: (editors) <i>Intensive Family Therapy</i> (A. Freedman)	103
H. V. DICKS: <i>Marital Tensions</i> (G. Gorer)	107
PAUL FRIEDMAN (editor): <i>On Suicide</i> (E. Stengel)	741
P. J. v.d. LEEUW <i>et al.</i> (editors): <i>Hoofdstukken uit hedendaagse psychoanalyse</i> (J. Sandler)	113
SIDNEY LEVIN (editor): <i>Psychodynamic Studies of Aging, Creativity, Reminiscing and Dying</i> (W. M. McIntyre)	742
S. NACHT (editor): <i>La psychanalyse d'aujourd'hui</i> (L. Veszy-Wagner)	743
H. NUNBERG and E. FEDERN (editors): <i>Minutes of the Vienna Psycho-analytic Society, Volume II</i> (M. Grotjahn)	113
P. ROAZEN: <i>Freud: Political and Social Thought</i> (Gustav Bychowski)	739
DONALD A. SCHON: <i>Invention and the Evolution of Ideas</i> (A. Hayman)	112
MAX SCHUR: <i>The Id and the Regulatory Principles of Mental Functioning</i> (V. Rosen)	100
ILSA VEITH: <i>Hysteria: The History of a Disease</i> (H. Lowenfeld)	101
ROBERT WAELDER: <i>Progress and Revolution</i> (L. Veszy-Wagner)	109

LETTER TO THE EDITOR (M. Balint)	99
--	----

INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

131st Bulletin: Report of the Copenhagen Congress	116
Constitution and Byelaws	151
132nd Bulletin.	748

PUBLICATIONS RECEIVED.	745
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INDEX TO VOLUME 49	753
------------------------------	-----

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Part 1

FANTASY AND THE ORIGINS OF SEXUALITY¹

Jean LAPLANCHE and J.-B. PONTALIS, PARIS

From its earliest days, psychoanalysis has been concerned with the material of fantasy. In the initial case of Anna O., Breuer was apparently content to plunge into the patient's inner world of imagination, into her "private theatre," in order to achieve catharsis through verbalization and emotive expression. "I used to visit her in the evening," he writes, "when I knew I should find her in her hypnosis, and I then relieved her of the whole stock of imaginative products which she had accumulated since my last visit (Breuer and Freud, p. 30)."

It is remarkable to note, when studying this case, how Breuer, unlike Freud, is little concerned to recover the elements of experience which might underlie these daydreams. The event which provoked the trauma is considered to contain an imaginary element, a hallucination leading to trauma. There is a circular relationship between the fantasy and the dissociation of consciousness which leads to the formation of an unconscious nucleus: fantasy becomes trauma when it arises from a special hypnoid state but, equally, the panic states it induces help to create this fundamental state by a process of auto-hypnosis.

If Breuer worked from within the world of imagination and tried to reduce its pathogenic force without reference to extrinsic factors, the same can be said of the methods of certain contemporary analysts, notably the followers of Melanie Klein. Firstly, the imaginary dramas underlying the verbal or behavioural material produced by the patient during the session—for instance, introjection or projection of the breast or penis, intrusions, conflicts or compromises with good or bad objects and so on—are made explicit and verbalized (no doubt in this case by

the analyst (Klein, 1960)). A successful outcome to the treatment, if it does lead eventually to a better adaptation to reality, is not expected from any corrective initiative, but from the dialectic "integration" of the fantasies as they emerge. Ultimately, the introjection of the good object (no less imaginary than the bad), permits a fusion of the instincts in an equilibrium based on the predominance of the libido over the death instinct.

Fantasy, in German "*Phantasie*," is the term used to denote the imagination, and not so much the faculty of imagining (the philosophers' *Einbildungskraft*) as the imaginary world and its contents, the imaginings or fantasies into which the poet or the neurotic so willingly withdraws. In the scenes which the patient describes, or which are described to him by the analyst, the fantastic element is unmistakable. It is difficult therefore to avoid defining this world in terms of what it is not, the world of reality. This opposition antedates psychoanalysis by many centuries, but is liable to prove restrictive both to psychoanalytic theory and practice.

Psychoanalysts have fared rather badly with the theory itself, all too often basing it on a very elementary theory of knowledge.

Analysts such as Melanie Klein, with techniques devoid of any therapeutic intention, are, more than others, careful to distinguish between the contingent imagery of daydreams and the structural function and permanence of what they call "unconscious phantasies". (We shall discuss this distinction later.) Yet in the last resort they maintain that the latter are "false perceptions". The "good" and "bad" object should, for us, always be framed in quotation marks², even though the whole

¹ Translated from the French, "Fantasme originaire, fantasmes des origines, origine du fantasme", in *Les Temps Modernes* (1964) 19, no. 215.

² "Good" and "bad" objects are "imagos which are a phantastically distorted picture of the real objects upon which they are based" (Klein, 1934).

evolution of the patient will occur within this framework.

Turning to Freud, we shall find a marked ambiguity of his conceptions as new avenues open out to him with each new stage in his ideas. If we start with the most accepted formulation of his doctrine, the world of fantasy seems to be located exclusively within the domain of opposition between subjective and objective, between an inner world, where satisfaction is obtained through illusion, and an external world, which gradually, through the medium of perception, asserts the supremacy of the reality principle. The unconscious thus appears to inherit the patient's original world, which was solely subject to the pleasure principle. The fantasy world is not unlike the nature reserves which are set up to preserve the original natural state of the country:

With the introduction of the reality principle one species of thought-activity was split off; it was kept free from reality-testing and remained subject to the pleasure principle alone. This activity is "*fantasying*" (Freud, 1911, p. 222).

The strangest characteristic of unconscious processes is due to their entire disregard of reality testing; they equate reality of thought with external actuality, and wishes with their fulfilment (*ibid.*, p. 225).

This absence of the "standards of reality" in the unconscious may lead to its being depreciated as a lesser being, a less differentiated state.

In psychoanalytic practice any inadequacy of the conceptual background cannot fail to make itself felt. It is no purely formal necessity to recall how many techniques are founded on this opposition between the real and the imaginary, and which envisage the integration of the pleasure principle into the reality principle, a process which the neurotic is supposed to have only partially achieved. No doubt any analyst would find it incorrect to invoke "realities" external to the treatment, since the material must be developed in the context of the analyst-patient relationship, the transference. But unless we are careful, any interpretation of the

transference: "You are treating me as if I . . . will imply the underlying "... and you know very well that I am not really what you think I am."

Fortunately we are saved by the technique: we do not actually make this underlying comment. Speaking more fundamentally, the analytic rule should be understood as a Greek *ἐποχή*, an absolute suspension of all reality judgments. This places us on the same level as the unconscious, which knows no such judgments. A patient tells us that he is an adopted child, and relates fantasies in which, while searching for his true mother, he perceives that she is a society woman turned prostitute. Here we recognize the banal theme of the "family romance", which might equally well have been composed by a child who had not been adopted. In the course of our "phenomenological reduction" we should no longer make any distinction, except to interpret, as a "defence by reality", the documents which the patient brings to prove his adoption⁴.

Preoccupied, understandably, by the urge to discover at what level he was working, Freud does not come out so well when he has to justify the suspension of reality judgments in the course of treatment. At first he feels it almost his duty to show the patient what is under the counter. But, caught like the patient himself between the alternatives real-imaginary, he runs the double risk of either seeing the patient lose all interest in the analysis, if he is told that the material produced is nothing but imagination (*Einbildung*), or of incurring his reproaches later for having encouraged him to take his fantasies for realities (Freud, 1916-17, p. 368). Freud has recourse here to the notion of "psychical reality," a new dimension not immediately accessible to the analysand. But what does Freud mean by this term?

Frequently it means nothing more than the reality of our thoughts, of our personal world, a reality at least as valid as that of the material world and, in the case of neurotic phenomena, decisive. If we mean by this that we contrast the

⁴ It is fascinating to observe how Melanie Klein, who provides an uninterrupted interpretation of the transference relationship, never brings in any "in reality", or even an "as if."

⁴ However, we have found in the case of actual adoption to which we are referring clinical manifestations quite obviously different from those encountered in adoption fantasies: an actualization, quickly blurred, of fantasies

of the recovery of the mother, episodes where the attempt to rejoin the *true* mother, are worked out symbolically in a kind of secondary state, etc. Even in treatment, from the very beginning, many elements such as dream contents, the repeated occurrence of sleep during the session, showing a massive working out of a far-reaching tendency, demonstrated the disjunction between crude reality and verbalization.

reality of psychological phenomena with "material reality" (*ibid.*, p. 369), the reality of thought with "external actuality" (Freud, 1911, p. 225), we are in fact just saying that we are dealing with what is imaginary, with the subjective, but that this subjective is our object: the object of psychology is as valid as that of the sciences of material nature. And even the term itself, "psychical reality," shows that Freud felt he could only confer the dignity of object on psychological phenomena by reference to material reality, for he asserts that "they too possess a reality of a sort" (Freud, 1916-17, p. 368). In the absence of any new category, the suspension of reality judgments leads us once more into the "reality" of the purely subjective.

Yet this is not Freud's last word. When he introduces this concept of "psychical reality," in the last lines of the *Interpretation of Dreams*, which sums up his thesis that a dream is not a fantasmagoria, but a text to be deciphered, Freud does not define it as constituting the whole of the subjective, like the psychological field, but as a heterogeneous nucleus within this field, a resistant element, alone truly real, in contrast with the majority of psychological phenomena:

Whether we are to attribute reality to unconscious wishes, I cannot say. It must be denied, of course, to any transitional or intermediate thoughts. If we look at unconscious wishes reduced to their most fundamental and truest shape, we shall have to conclude, no doubt, that *psychical reality* is a particular form of existence which is not to be confused with *material reality*⁵.

There are therefore three kinds of phenomena (or of realities, in the widest sense of the word): material reality, the reality of intermediate thoughts or of the psychological field, and the reality of unconscious wishes and their "truest shape": fantasy. If Freud, again and again, finds and then loses the notion of psychical reality, this is not due to any inadequacy of his conceptual apparatus: the difficulty and ambiguity lie in the very nature of its relationship, to

the real and to the imaginary, as is shown in the central domain of fantasy.⁶

The years 1895-1899 which completed the discovery of psychoanalysis are significant not only because of the dubious battle taking place but also because of the oversimplified way in which its history is written.

If we read, for instance, Kris's introduction to the *Origins of Psychoanalysis* (Freud, 1950)⁷, the evolution of Freud's views seems perfectly clear: the facts, and more especially Freud's own self-analysis, apparently led him to abandon his theory of seduction by an adult. The scene of seduction which until then represented for him the typical form of psychological trauma is not a real event but a fantasy which is itself only the product of, and a mask for, the spontaneous manifestations of infantile sexual activity. In his "History of the Psycho-Analytic Movement" Freud (1914) thus traces the development of his theory from his experience:

If hysterical subjects trace back their symptoms to traumas that are fictitious, then the new fact which emerges is precisely that they create such scenes in *fantasy*, and this psychical reality requires to be taken into account alongside practical reality. This reflection was soon followed by the discovery that these fantasies were intended to cover up the autoerotic activity of the first years of childhood, to embellish it and raise it to a higher plane. And now, from behind the fantasies, the whole range of a child's sexual life came to light.

Freud would, in these lines, be admitting his error in imputing to the "outside" something that concerns the "inside".

The very words, *theory* of sexual seduction, should arrest our attention: the elaboration of a schema to explain the aetiology of neuroses, and not the purely clinical *observation* of the frequency of the seduction of children by adults,

⁵ *S.E.*, 4-5, p. 620. The successive reformulations of this principle in the various editions of the *Traumdeutung* show both Freud's concern to define accurately the concept of psychical reality, and the difficulties he experienced in so doing—Cf. Strachey's note to this passage.

⁶ One further word about the suspension of judgment in the analytic rule: "Verbalize everything, but do no more than verbalize." This is not suspension of the reality of external events for the benefit of subjective

reality. It creates a new field, that of verbalization, where the difference between the real and the imaginary may retain its value (cf. the case of the patient referred to above). The homology between the analytic and the unconscious field, whose emergence it stimulates, is not due to their common subjectivity, but to the deep kinship between the unconscious and the field of speech. So it is not: "It is *you* who say so," but "It is *you* who say so."

⁷ Especially the section entitled "Infantile Sexuality and Self-Analysis".

nor even a simple *hypothesis* that such occurrences would preponderate among the different kinds of traumas. Freud was concerned theoretically to justify the connection he had discovered between sexuality, trauma, and defence: to show that it is in the very nature of sexuality to have a traumatic effect and, inversely, that one cannot finally speak of trauma as the origin of neurosis except to the extent that sexual seduction has occurred. As this thesis becomes established (1895–1897), the role of the defensive conflict in the genesis of hysteria, and of the defence in general, is fully recognized, although the aetiological function of trauma is not thereby reduced. The notions of defence and trauma are closely articulated one to the other: the theory of seduction, by showing how only a sexual trauma has the power to activate a “pathological defence” (repression) is an attempt to do justice to a clinically established fact (*Studies on Hysteria*), that repression concerns specifically sexuality.

We should consider a moment the schema propounded by Freud. The action of the trauma can be broken down into various time sequences and always implies the existence of *at least two events*. In the first scene, called “seduction scene,” the child is subjected to a sexual approach from the adult (“attempt” or simply advances), without arousing any sexual excitation in himself. To try to describe such a scene as traumatic would be to abandon the somatic model of trauma, since there is neither an afflux of external excitation nor an overflow of the defences. If it can be described as sexual, it is only from the point of view of the external agent, the adult. But the child has neither the somatic requisites of excitation nor the representations to enable him to integrate the event: although sexual in terms of objectivity, it has no sexual connotation for the subject, it is “pre-sexually sexual” (Freud, 1950, letter 30). As for the second scene, which occurs after puberty, it is, one might say, even less traumatic than the first: being non-violent, and apparently of no particular significance, its only power lies in being able to evoke the first event, retroactively,

by means of association. It is then the recall of the first scene which sets off the upsurge of sexual excitation, catching the ego in reverse, and leaving it disarmed, incapable of using its normally outward-directed defences, and thus falling back on a pathological defence, “posthumous primary process”; the recollection is repressed.

If we dwell on concepts which might, at first sight, appear only of historic interest since they seem to presuppose an innocent child, without sexuality, thus contradicting undeniable later findings, it is not solely to outline the various stages of a discovery.

This explanatory schema, which Freud described as *proton pseudos*, is of remarkable value in considering the significance of human sexuality. In fact, it introduces two major propositions. On the one hand, in the first stage of sexuality literally breaks in from outside, intruding forcibly into the world of childhood presumed to be innocent, where it is encysted as a simple happening without provoking any defence reaction—not in itself a pathogenic event. On the other hand, in the second stage of the pressure of puberty having stimulated the physiological awakening of sexuality, there is a sense of unpleasure, and the origin of this unpleasure is traced to the recollection of the first event, an external event which has become an inner event, an inner “foreign body” which now breaks out from within the subject.

This is a surprising way to settle the question of trauma. The question often arises whether it is an afflux of external excitation which creates the trauma or whether, on the contrary, it is the internal excitation, the drive which, lacking an outlet, creates a “state of helplessness”⁹ in the subject.

However, with the theory of seduction, we may say that the whole of the trauma comes *both* from within and without: from without, since sexuality reaches the subject from the *other*; from within, since it springs from this internalised exteriority, this “*reminiscence* suffered by hysterics” (according to the Freudian formula), reminiscence in which we already discern what

⁹ In *Studies on Hysteria* we already find the idea that psychological trauma cannot be reduced to the once and for all effect on an organism of some external event. “The causal relation between the determining psychical trauma and the hysterical phenomenon is not of a kind implying that the trauma merely acts like an *agent provocateur*, in releasing the symptom which thereafter leads an independent existence. We must presume rather that the psychical trauma—or more precisely the memory of the trauma—acts like a foreign body which

long after its entry must be regarded as an agent that is still at work” (S.E., 2, p. 6).

¹⁰ The problem is constantly present in these terms in such works as Freud's *Beyond the Pleasure Principle*, *Inhibitions, Symptoms and Anxiety*, and Rank's *Trauma of Birth*.

¹¹ “It seems to me more and more that the essential point of hysteria is that it results from *perversion* on the part of the seducer, and *more and more* that heredity in seduction by the father” (Letter 52).

will be later named fantasy. This is an attractive solution, but it is liable to collapse when the meaning of each term deviates: the external towards the event, the internal towards the endogenous and biological.

Let us look at the seduction theory more positively and try to salvage its deeper meaning. It is Freud's first and sole attempt to establish an intrinsic relationship between repression and sexuality¹¹. He finds the mainspring of this relationship, not in any "content", but in the temporal characteristics of human sexuality, which make it a privileged battlefield between both too much and too little excitation, both too early and too late occurrence of the event: "Here we have the one possibility of a memory subsequently producing a more powerful release than that produced by the corresponding experience itself" (Draft K). Hence the repartition of the trauma into two stages, as the psychological trauma can only be conceived as arising from something *already there*, the reminiscence of the first scene.

But how can we conceive the formation of this "already there," and how can this first scene, which is "pre-sexually sexual", acquire a meaning for the subject? Given a perspective which tends to reduce temporal dimensions to chronology, one must either embark on an infinite regression in which each scene acquires sexual quality solely through the evocation of an earlier scene without which it would have no meaning for the subject or, on the other hand, one must stop short arbitrarily at a "first" scene, however inconceivable it may be.

No doubt the doctrine of an innocent world of childhood into which sexuality is introduced by perverse adults is pure illusion: illusion, or rather a myth, whose very contradictions betray the nature. We must conceive of the child both as outside time, a *bon sauvage*, and as one already endowed with sexuality, at least in germ, which is ready to be awakened; we must accept the idea of an intrusion from without into an interior which perhaps did not exist as such

before this intrusion; we must reconcile the passivity which is implied by merely receiving meaning from outside with the minimum of activity necessary for the experience even to be acknowledged, and the indifference of innocence with the disgust which the seduction is assumed to provoke. To sum up, we have a subject who is pre-subjectal, who receives his existence, his sexual existence, from without, before a distinction between within and without is achieved.

Forty years later Ferenczi (1933) was to take up the theory of seduction and give it analogous importance. His formulations are no doubt less rigorous than Freud's, but they have the advantage of filling out the myth with two essential ingredients: behind the facts, and through their mediation, it is a new *language*, that of passion, which is introduced by the adult into the infantile "language" of tenderness. On the other hand, this language of passion is the language of desire, necessarily marked by prohibition, a language of guilt and hatred, including the sense of annihilation linked with orgasmic pleasure¹². The fantasy of the primal scene with its character of violence shows the child's introjection of adult eroticism.

Like Freud in 1895, Ferenczi is led to assign a chronological location to this intrusion, and to presuppose a real nature of the child before seduction. One might, on the other hand, be tempted to close the discussion once and for all by introducing the concept of myth: the seduction would become the myth of the origin of sexuality by the introjection of adult desire, fantasy and "language". The relationship of the myth to the time factor (the event) is present and, as it were, embedded in the myth itself. But we cannot rest there. This myth (or fantasy) of the intrusion of the fantasy (or myth) into the subject, cannot but occur to the organism, the little human being, at a point in time, by virtue of certain characteristics of his biological evolution, in which we can already distinguish what is too much or too little, too early (birth) and too late (puberty).

¹¹ He never ceased to assert this relationship, (cf. *Outline of Psychoanalysis*, S.E., 23 pp. 185-6) but without stating the theory.

¹² From the beginning Freud rejected the banal thesis which attributed the displeasure provoked by sexuality to a purely external prohibition. Whether they are of internal or external origin, desire and prohibition go hand in hand. "We shall be plunged deep into the riddles of psychology if we enquire into the origin of the displeasure which is released by premature sexual stimulation and without which the occurrence of a repression cannot be explained. The most plausible answer will recall the fact

that shame and morality are the repressing forces and that the neighbourhood in which nature has placed the sexual organs must inevitably arouse disgust at the same time as sexual experiences. . . . I cannot think that the release of displeasure during sexual experiences is the consequence of a chance admixture of certain unpleasurable factors. . . . In my opinion there must be some independent source for the release of displeasure in sexual life: if that source is present, it can activate sensations of disgust, lend force to morality, and so on" (Draft K).

In 1897 Freud abandoned his theory of seduction. On September 21st he wrote to Fliess:

I will confide in you at once the great secret that has been slowly dawning on me in the last few months: I no longer believe in my *neurotica* . . .

He adduces a number of arguments. Some were factual: the impossibility of conducting analyses to their conclusion, that is, back to the first pathogenic event; even in the deepest psychosis—where the unconscious seems the most accessible—the key to the enigma is not available. Others were of a logical nature: one would have to generalize the father's perversity even beyond the cases of hysteria, since when hysteria supervenes it entails the intervention of other factors. On the other hand, and this is the point that interests us,

. . . there are no indications of reality in the unconscious, so that one cannot distinguish between the truth and fiction that is cathected with affect.

Two solutions are mentioned by Freud, either to consider fantasies of childhood as only the retroactive effect of a reconstruction performed by the adult (which would amount to the Jungian concept of retrospective fantasies (*Zurückphantasieren*) which Freud rejected), or to revert to the idea of hereditary predisposition. If this second possibility—which Freud admitted he had always “repressed”—returns to favour, it is because the search for the first scene has led to an impasse. But it is also because Freud, momentarily at a loss, did not succeed in isolating the positive element, lying beyond the realistic chronological approach, in the seduction theory. If the event evades us, then the alternative factor, constitution, is rehabilitated. Since reality, in one of its forms, is absent, and proves to be only fiction, then we must seek elsewhere for a reality on which this fiction is based.

When the historians of psychoanalysis tell us, picking up Freud's own version of his evolution, that the abandonment of the seduction theory in the face of facts cleared the ground for the discovery of infantile sexuality, they oversimplify a much more involved process. To a contemporary psychoanalyst, to Kris as to us, infantile sexuality is inseparable from the

Oedipus complex. And in effect, at the moment of the “abandonment” of seduction we find three themes predominant in correspondence with Fliess: infantile sexuality, fantasy, and the Oedipus complex. But the problem lies in their interrelation. And we find that inasmuch as real trauma and the seduction scene have been effectively swept away¹², they have not been replaced by the Oedipus complex but by the description of a spontaneous infantile sexuality, basically endogenous in development. Libidinal stages succeeding each other in natural and regular evolution, fixation considered as an inhibition of development, general regression, form at least one of the perspectives suggested in the *Three Essays on Sexuality* (1905). In this direction, we must notice that the second Essay, on Infantile Sexuality, discusses neither the Oedipus complex nor fantasy. An article which appeared at the same time as the *Three Essays* is typical of this point of view: in Freud is able to discuss his “Views on the Part Played by Sexuality in the Aetiology of the Neuroses” (1906) without a single word about the Oedipus complex. The sexual development of the child is here defined as endogenous, and determined by the sexual constitution:

Accidental influences derived from experience having thus receded into the background, the factors of constitution and heredity necessarily gained the upper hand once more; but there was this difference between my views and those prevailing in other quarters, that on my theory the “sexual constitution” took the place of a “general neuropathic disposition”.

It may however be objected that it was also in 1897, at the very moment when he abandoned the seduction theory, that Freud in his analysis discovered the Oedipus complex. We should emphasize, though, that in spite of Freud's immediate recognition of its importance the Oedipus complex was, for twenty years, to lead a marginal existence alongside his theoretical syntheses. It was deliberately set apart in a section devoted to “the choice of objects in puberty” (in the *Three Essays*), or to studies of “typical dreams” (in *The Interpretation of Dreams*). In our opinion the discovery of the Oedipus complex in 1897 was neither the cause of the abandonment of the seduction theory, nor clearly indicated as its successor. It seems more

¹² It would be easy to demonstrate that Freud, throughout his life, continued to insist on the reality of the fact of seduction.

more probable that, being encountered in a "wild" form in the seduction theory, the Oedipus complex nearly suffered the same fate of being replaced by biological realism.

Freud himself recognized, much later, all that was positive and foreboding in the seduction theory: "here I had stumbled for the first time upon the Oedipus complex" (1925) or again,

I came to understand that hysterical symptoms are derived from fantasies and not from real occurrences. It was only later that I was able to recognize in this fantasy of being seduced by the father the expression of the typical Oedipus complex . . .¹⁴ (1933).

At that time (1897) Freud had discarded on the one hand the idea, contained in the seduction theory, of a foreign body which introduces human sexuality into the subject from without, and, on the other hand, discovered that the sexual drive becomes active before puberty. But for some time he was not able to articulate the Oedipus complex with infantile sexuality. If the latter existed, as clinical observation undoubtedly proved, it could henceforward only be *conceived* as biological reality, fantasy being no more than the secondary expression of this reality. The scene in which the subject describes his seduction by an older companion is, in fact, a double disguise: pure fantasy is converted into real memory, and spontaneous sexual activity into passivity¹⁵. One is no longer justified in attributing psychical reality—in the stricter sense sometimes employed by Freud—to the fantasy, since reality is now totally attributed to an endogenous sexuality, and since fantasies are only considered to be a purely imaginary efflorescence of this sexuality.

Something was lost with the discarding of the seduction theory: beneath the conjunction and the temporal interplay of the two "scenes" there lay a pre-subjective structure, beyond both the strict happening and the internal imagery. The prisoner of a series of theoretical alternatives, subject-object, constitution-event, internal-external, imaginary-real, Freud was for a time led to stress the first terms of these "pairs of opposites".

This would suggest the following paradox: at the very moment when fantasy, the fundamental object of psychoanalysis, is discovered, it is in danger of seeing its true nature obscured by the

emphasis on an endogenous reality, sexuality, which is itself supposed to be in conflict with a normative, prohibitory external reality, which imposes on it various disguises. We have indeed the fantasy, in the sense of a product of the imagination, but we have lost the structure. Inversely, with the seduction theory we had, if not the theory, at least an *intuition* of the structure (seduction appearing as an almost universal datum, which in any case transcended both the event and, so to speak, its protagonists). The ability to elaborate the fantasy was however, if not unknown, at least underestimated.

It would be taking a very limited view to describe as follows the evolution of Freud's ideas during the period around 1897: from historical foundation of the symptoms to the establishment of an ultimately biological theory, to the causal sequence, sexual constitution→fantasy→symptom. Freud never makes the theory entirely his own until he is obliged to present his aetiological views in systematic fashion. If we intended, which we do not, to present a step-by-step account of the development of his thought, we should have to distinguish at least two other currents in this central period.

The one derives from the fresh understanding of fantasy which is effective from 1896 onwards: fantasy is not merely material to be analysed, whether appearing as fiction from the very start (as in daydreaming) or whether it remains to be shown that it is a construction contrary to appearances (as in screen-memory), it is also the result of analysis, an end-product, a latent content to be revealed behind the symptom. From *mnesic symbol* of trauma, the symptom has become the *stage-setting of fantasies* (thus a fantasy of prostitution, of street-walking, might be discovered beneath the symptom of agoraphobia).

Freud now starts to explore the field of these fantasies, to make an inventory, and to describe their most typical forms. Fantasies are now approached from two aspects at once, both as manifest data and latent content; and, located thus at the crossroads, they acquire in due course the consistency of an object, the specific object of psychoanalysis. Henceforward analysis will continue to treat fantasy as "psychical reality" whilst exploring its variants and above

¹⁴ And no longer the expression of the child's spontaneous, biological sexual activity.

¹⁵ "I have learned to explain a number of fantasies of

seduction as attempts at fending off memories of the subject's *own* sexual activity (infantile masturbation)" (Freud, 1906, p. 274).

all analysing its processes and structure. Between 1897 and 1906 appear all the great works which explore the mechanisms of the unconscious, that is to say, the transformations (in the geometric sense of the word) of fantasy, namely, *The Interpretation of Dreams* (1900), *The Psychopathology of Everyday Life* (1901), *Jokes and their Relation to the Unconscious* (1905).

But, and here is the third current, the development of Freudian research and psychoanalytic treatment display at the outset a regressive tendency towards the origin, the foundation of the symptom and the neurotic organization of the personality. If fantasy is shown to be an autonomous, consistent and explorable field, it leaves untouched the question of its own origin, not only with regard to structure, but also to content and to its most concrete details. In this sense nothing has changed, and the search for chronology, going backwards into time towards the first real, verifiable *elements*, is still the guiding principle of Freud's practice.

Speaking of one of his patients, he writes in 1899:

Buried deep beneath all his fantasies we found a scene from his primal period (before twenty-two months) which meets all requirements and into which all the surviving puzzles flow (Letter 126).

A little later we come across these lines, eloquent of his passion for investigation, pursued ever deeper and with certainty of success, and the resort to a third person, if necessary, to verify the accuracy of his enquiry:

In the evenings I read *prehistory, etc.*, without any serious purpose [our italics], and otherwise my only concern is to lead my cases calmly towards solution. . . . In E's case the second real scene is coming up after years of preparation, and it is one that it may

perhaps be possible to confirm objectively by asking his elder sister. Behind it there is a third, long suspected scene. . . . (Letter 127).

Freud defines these scenes from earliest infancy, these *true scenes*, as *Urszenen* (original or primal scenes). Later, as we know, the term will be reserved for the child's observation of parental coitus. The reference is to the discussion in *From the History of a Childhood Neurosis* (1918) of the relationship between the pathogenic dream and the primal scene on which it is based. When reading the first draft of the clinical account composed during "the winter of 1914/15, shortly after the end of treatment" one is struck by the passionate conviction which urges Freud, like a detective on the watch, to establish the reality of the scene down to its smallest details. If such concern is apparent so long after the abandonment of the seduction theory, it is surely a proof that Freud had never entirely resigned himself to accepting such scenes as *purely imaginary creations*. Although discarded as concerns the seduction scene, the question re-emerges in identical terms twenty years later, in the case of the observation of parental coitus by the Wolf Man. The discovery of infantile sexuality has not invalidated in Freud's mind the fundamental schema underlying the seduction theory: the same deferred action (*Nachträglichkeit*) is constantly invoked we meet once more the two events (here the scene and the dream), separated in the temporal series, the first remaining un-understood and, as it were, excluded within the subject, to be taken up later in the elaboration of the second occasion.¹⁸ The fact that the whole process develops in the first years of infancy affects nothing essential in the theoretical model.

It is well known that before publishing his manuscript Freud added, in 1917, two long

¹⁸ There is an obvious similarity between the Freudian schema of *Nachträglichkeit* and the psychotic mechanism of "repudiation" (*forclusion*) described by Lacan: that which has not been admitted to symbolic expression ("repudiated") reappears in reality in the form of hallucination. This non-symbolization corresponds precisely to the earliest time described by Freud. As Lacan and Freud illustrate their theory by the case of the Wolf Man, it may be asked whether Lacan may not have treated as specifically psychotic what is really a very general process, or whether Freud has not taken the exception to be the rule, when basing his demonstration on case of psychosis.

Freud's demonstration is strengthened by the fact that in this particular case the primal scene is very probably authentic. But one might conceive of such absence of subjective elaboration or of symbolization, normally characteristic of the first stage, as not a prerogative of a truly experienced scene. This "foreign body", which is

to be internally excluded, is usually brought to the subject, not by the perception of a scene, but by parental desire and its supporting fantasy. Such would be the typically neurotic case: in the first stage (not locatable in time, since it is fragmented into the series of transitions from autoerotism (Cf. pp. 15-16 below)), a pre-symbolic, symbolic, to paraphrase Freud, is isolated within the subject who will, at a later stage, recover and symbolize it. In psychosis the first stage would consist of naked reality, and is evidently not symbolized by the subject but will offer an irreducible nucleus for any later attempt at symbolization. Hence, in such cases, the failure, even the catastrophe, of the second stage.

This offers an approach to a distinction between repression (original) and the psychotic mechanism which Freud tried to delimit throughout his work (and particularly by describing it as *Verleugnung*: denial), and which Lacan called "forclusion".

discussions which showed that he was disturbed by the Jungian theory of retrospective fantasy (*Zurückphantasieren*). He admits that since the scene is, in analysis, the culmination of a reconstruction, it might indeed have been constructed by the subject himself, but he nevertheless insists that perception has at least furnished some indications, even if it were only the copulation of dogs. . . .

But, more particularly, just at the moment when Freud appears to lose hope of support from the *ground of reality*—ground so shifting on further enquiry—he introduces a new concept, that of the *Urphantasi*, primal (or original) fantasy. The need for a theoretical foundation has now undergone a veritable transmutation. Since it has proved impossible to determine whether the primal scene is something truly experienced by the subject, or a fiction, we must in the last resort seek a foundation in something which transcends both individual experience and what is imagined.

For us too it is only at a deferred date (*nachträglich*) that the full meaning of this new direction of Freud's thought becomes apparent. Nothing appears to be changed: there is the same pursuit of an ultimate truth, the same schema is used once more, the dialectic of the two successive historical events, the same disappointment—as if Freud had learned nothing—as the ultimate event, the “scene”, disappears over the horizon. But simultaneously, thanks to what we have described as the second current, there is the discovery of the unconscious as a structural field, which can be reconstructed, since it handles, decomposes and recomposes its elements according to certain laws. This will henceforward permit the quest for origins to take on a new dimension.

In the concept of original fantasy¹⁷, there is a continuation of what we might call Freud's desire to reach the bedrock of the event (and if this disappears by refraction or reduction, then one must look further back still), and the need to establish the structure of the fantasy itself by something other than the event.

The original fantasies constitute this “store of unconscious fantasies of all neurotics, and probably of all human beings” (Freud, 1915, p. 269). These words alone suggest that it is not solely the empirical fact of frequency, nor even generality, which characterises them. If “the same fantasies with the same content are created on every occasion” (1916, p. 370), if, beneath the diversity of individual fables we can recover some “typical” fantasies¹⁸, it is because the historical life of the subject is not the prime mover, but rather something antecedent, which is capable of operating as an organizer.

Freud saw only one possible explanation of this antecedence, and that was phylogenesis:

It seems to me quite possible that all the things that are told to us in analysis as fantasy . . . were once real occurrences in the primaeval times of the human family [what was factual reality would, in this case, have become psychological reality] and that children in their fantasies are simply filling in the gaps in individual truth with prehistoric truths.

Thus once again a reality is postulated beneath the elaborations of fantasy, but a reality which, as Freud insists, has an autonomous and structural status with regard to the subject who is totally dependent on it. He pursues this some considerable way, since he admits the possibility of discordance between the schema and individual experiences, which would lead to psychological conflict.¹⁹

It is tempting to accept the “reality” which inspires the work of imagination according to its own laws, as a prefiguration of the “symbolic order” defined by Levi-Strauss and Lacan in the ethnological and psychoanalytic fields respectively. These scenes, which Freud traces back in *Totem and Taboo* to the prehistory of man, are attributed by him to primaeval man (*Urmensch*), to the primal father (*Urvater*). He invokes them, less in order to provide a reality which escapes him in individual history, than to assign limits to the “imaginary” which cannot contain its own principle of organization.

¹⁷ We might be accused of exaggeration in speaking of concept. “Original fantasy” does not, of course, form part of the classical psychoanalytic concepts. Freud uses it marginally in his very precise study of the question whose development we have traced. The phrase therefore has the value of an “index” and requires clarification.

¹⁸ An ever present concern of Freud's (Cf. Draft M): “One of our brightest hopes is that we may be able to define the number and species of fantasies as well as we can those of the ‘scenes’.”

¹⁹ “Wherever experiences fail to fit in with the heredi-

tary schema, they become remodelled in the imagination. . . . It is precisely such cases that are calculated to convince us of the independent existence of the schema. We are often able to see the schema triumphing over the experience of the individual; as when in our present case, the boy's father became the castrator and the menace of his infantile sexuality in spite of what was in other respects an inverted Oedipus complex. . . . The contradictions between experience and the schema seem to supply the conflicts of childhood with an abundance of material” (Freud, 1918, pp. 119–20).

Beneath the pseudo-scientific mask of phylogenesis, or the recourse to "inherited memory-traces", we should have to admit that Freud finds it necessary to postulate an organization made of signifiers anteceding the effect of the event and the signified as a whole. In this mythical pre-history of the species we see the need to create a pre-structure inaccessible to the subject, evading his grasp, his initiatives, his inner "cooking pot", in spite of all the rich ingredients our modern sorceresses seem to find there. But Freud is in fact caught in the trap of his own concepts; in this false synthesis by which the past of the human species is preserved in hereditarily transmitted patterns, he is vainly trying to overcome the opposition between event and constitution.

However we should not be in a hurry to replace the phylogenic explanation by a structural type of explanation. The original fantasy is first and foremost fantasy: it lies beyond the history of the subject but nevertheless in history: a kind of language and a symbolic sequence, but loaded with elements of imagination; a structure, but activated by contingent elements. As such it is characterized by certain traits which make it difficult to assimilate to a purely transcendental schema, even if it provides the possibility of experience.²⁰

The text in which Freud first mentions primal fantasies ("A Case of Paranoia", 1915), leaves no doubt in this respect. In it he describes the case of a woman patient who declared that she had been watched and photographed while lying with her lover. She claimed to have heard a "noise",

the click of the camera. Behind this delirium Freud saw the primal scene: the sound is the noise of the parents who awaken the child; it is also the sound the child is afraid to make lest it betray her listening. It is difficult to estimate its role in the fantasy. In one sense, says Freud, it is only a provocation, an accidental cause, whose role is solely to activate "the typical fantasy of overhearing, which is a component of the parental complex," but he immediately corrects himself by saying: "It is doubtful whether we can rightly call the noise 'accidental'." Such fantasies are on the contrary an indispensable part of the fantasy of listening." In fact, the sound alleged by the patient,²¹ reproduces in actuality the indication of the primal scene, the element which is the starting point for all ulterior elaboration of the fantasy. In other words, *the origin of the fantasy is integrated in the very structure of the original fantasy.*

In his first theoretical sketches on the subject of fantasy, Freud stresses, in a way which may intrigue his readers, the role of aural perception²². Without placing too much importance on these fragmentary texts, in which Freud seems to be thinking more particularly of paranoid fantasies, one must consider why such a privileged position was accorded to hearing. We suggest there are two reasons. One relates to the *sensorium* in question: hearing, when it occurs, breaks the continuity of an undifferentiated perceptual field and at the same time is a sign (the noise waited for and heard in the night, which puts the subject in the position of having

²⁰ We are not here trying to develop a coherent psychoanalytic theory which would involve the relationship between the level of the Oedipus structure and that of the original fantasies. One would first have to define what was meant by the Oedipus structure. Indeed the structural aspect of the Oedipus complex—considered both in its basic function and in its triangular form—was worked out much later by Freud: it does not appear at all, for instance, in the *Three Essays* (1905). The so-called generalized formulation of the complex appeared first in *The Ego and the Id* (1923), and the generalization in question cannot be taken in any formal sense: it describes a limited series of concrete positions within the interpsychological field created by the father-mother-child triangle. From the point of view of structural anthropology, one might see this as *one of the forms* of the law governing human interchanges, a law which in other cultures might be incarnated in other persons and in other forms. The prohibitory function of the law might, for instance, be expressed by an agency other than the father. By adopting this solution the analyst would feel he had lost an essential dimension of his experience: the subject is, admittedly, located in a structure of interrelationship, but the latter is transmitted by the parental unconscious. It is therefore less easy to assimilate it to a language system than to the complexities of a particular speech.

Freud's concept of the Oedipus complex is, in fact, remarkable for its realism: whether it is represented as an inner conflict (nuclear complex) or as a social institution, the complex remains a given fact; the subject is confronted by it: "every new arrival on this planet is faced by the task of mastering it" (*Three Essays*, S.E., 7, p. 22 footnote).

Perhaps it was the realism of the concept which allowed Freud to allow the notion of original fantasy to co-exist alongside the Oedipus complex, without being concerned to articulate them: here the subject does not encounter the structure, but is carried along by it.

²¹ According to Freud it is, incidentally, a projection of the projection of a beat in her clitoris, in the form of noise. There would be a new, circular, relationship between the pulsation which actualizes the fantasy, and the drive which arouses it.

²² "Built up out of things that have been heard about and then subsequently turned to account, they combine things that have been experienced and things that have been heard about past events (from the history of parents and ancestors) and things seen by the subject himself. They are related to things heard in the same way as dreams are related to things seen" (Draft L). And again: "Fantasies arise from an unconscious combination of things experienced and heard" (Draft M).

to answer to something. To this extent the prototype of the signifier lies in the aural sphere, even if there are correspondences in the other perceptual registers. But hearing is also—and this is the second reason to which Freud alludes explicitly in the passage—the history or the legends of parents, grandparents and the ancestors: the family *sounds* or *sayings*, this spoken or secret discourse, going on prior to the subject's arrival, within which he must find his way. Insofar as it can serve retroactively to summon up the discourse, the noise—or any other discrete sensorial element that has meaning—can acquire this value.

In their content, in their theme (primal scene, castration, seduction . . .), the original fantasies also indicate this postulate of retroactivity: they relate to the origins. Like myths, they claim to provide a representation of, and a solution to, the major enigmas which confront the child. Whatever appears to the subject as something needing an explanation or theory, is dramatized as a moment of emergence, the beginning of a history.

Fantasies of origins: the primal scene pictures the origin of the individual; fantasies of seduction, the origin and upsurge of sexuality; fantasies of castration, the origin of the difference between the sexes.²³ Their themes therefore display, with redoubled significance, that original fantasies justify their status of being already there.

There is convergence of theme, of structure, and no doubt also of function: through the indications furnished by the perceptual field, through the scenarios constructed, the varied quest for origins, we are offered in the field of fantasy, the origin of the subject himself.

Since we encounter fantasy as given, interpreted, reconstructed or postulated, at the most diverse levels of psychoanalytic experience, we

have obviously to face the difficult problem of its metapsychological status, and first of all, of its topography within the framework of the distinction between the unconscious, pre-conscious and conscious systems.

There are certain tendencies in contemporary psychoanalysis to settle the question by making a theoretical transposition, which seems inevitable in practice, between the fantasy as it presents itself for interpretation and the fantasy which is the conclusion of the work of analytic interpretation (S. Isaacs, 1948). Freud would thus have been in error in describing by the same term, *Phantasie*, two totally distinct realities. On the one hand there is the unconscious *Phantasie*, "the primary content of unconscious mental processes" (Isaacs), and on the other, the conscious or subliminal imaginings, of which the daydream is the typical example. The latter would be only a manifest content, like the others, and would have no more privileged relationship to unconscious *Phantasie* than dreams, behaviour, or whatever is generally described as "material". Like all manifest data, it would require interpretations in terms of unconscious fantasy.²⁴

Freud's inspiration is shown by his persistent employment of the term *Phantasie* up to the end, in spite of the very early discovery that these *Phantasien* might be either conscious or unconscious. He wishes thereby to assert a profound kinship:

The contents of the clearly conscious fantasies of perverts (which in favourable circumstances can be transformed into manifest behaviour), of the delusional fears of paranoids) which are projected in a hostile sense on to other people), and of the unconscious fantasies of hysterics (which psychoanalysis reveals behind their symptoms)—all these coincide with one another even down to their details (Freud 1905, pp. 165–166).

²³ If we ask what these fantasies mean to us, we are embarking on a different level of interpretation. We then see that they are not only symbolic, but represent the insertion, mediated by an imagined scenario, of the most radically formative symbolism, into corporeal reality. The primal scene represents for us the conjunction of the biological fact of conception and birth with the symbolic fact of filiation: it unites the "savage act" of coitus and the existence of a mother-child-father triad. In the fantasies of castration the conjunction of real and symbolic is even more apparent. With regard to seduction, we should add that it was not only, as we believe we have shown, because Freud had come across numerous actual cases, that he was able to use a fantasy as a scientific theory, and thus, by a roundabout way, hit on the true function of fantasy. It was also because he was trying to account, in terms of origins, for the advent of sexuality

to human beings.

²⁴ The proposal to eliminate the unfortunate confusion by the graphological device (using "ph" for unconscious fantasies and "f" for the daydream type) has been declared at times to be real progress, the result of half a century of psychoanalysis. Whether or not this distinction is in fact justified, it seems undesirable to use it in translations of Freud's work. It betrays little respect for the text to render words such as *Phantasie* or *Phantasieren*, which Freud invariably employed, by different terms according to the context. Our opposition to this terminological and conceptual innovation rests on three grounds: (i) the distinction should not be introduced into translations of Freud's work, even if the interpretation of his thought were correct; (ii) this interpretation of Freud's thought is incorrect; (iii) this distinction contributes less to the study of the problem than Freud's concept.

That is to say, that the same content, the same activation can be revealed in imaginary formations and psychopathological structures as diverse as those described by Freud, whether conscious or unconscious, acted out or represented, and whether or not there is a change of sign or permutation of persons.

Such an affirmation (1905) does not come from any so-called proto-Freud. It is of cardinal importance, particularly in the period 1906-1909, when much research was devoted to the subject. (In "*Grävia*", "Creative Writers and Day-Dreaming", "Hysterical Fantasies and their Relation to Bisexuality", "On the Sexual Theories of Children", "Some General Remarks on Hysterical Attacks", "Family Romances",) At this time the unconscious efficacy of fantasy was fully recognised as, for instance, underlying the hysterical attack which symbolizes it. Freud however takes the conscious fantasy, the daydream, not only as paradigm, but as source. The hysterical fantasies which "have important connections with the causation of the neurotic symptoms" (we must be dealing with unconscious fantasies) have as "common source and normal prototype what are called the daydreams of youth" (Freud, 1908). In fact it is conscious fantasy itself which may be repressed and thus become pathogenic. Freud even considers fantasy as the privileged point where one may catch in the raw the process of transition from one system to another, repression, or the return of repressed material.²⁵ It is indeed the same mixed entity, the same "mixed blood" which, being so close to the limits of the unconscious, can pass from one side to the other, particularly as the result of a variation of cathexis.²⁶ It may be objected that Freud is not here taking fantasy at its deepest level, and that we are not dealing with a true fantasy, but simply with a subliminal reverie. But Freud does describe the process of dismissal as repression and the frontier of which he speaks is indeed that of the unconscious in the strict, topographical, sense of the term.

We do not of course deny that there are different levels of unconscious fantasy, but it is

remarkable to note how Freud, when studying the metapsychology of dreams, discovers the same relationship between the deepest unconscious fantasy and the daydream: the fantasy is present at both extremities of the process of dreaming. On the one hand it is linked with the ultimate unconscious desire, the "capitalist" of the dream, and as such it is at the basis of the "zigzag" path which is supposed to follow the excitation through a succession of psychological systems: "The first portion [of this path] was a progressive one, leading from the unconscious scenes of fantasies to the preconscious" (Freud, 1900, p. 574), where it collects "the residues" or transference thoughts. But fantasy is also present at the other extremity of the dream, in the secondary elaboration which Freud insists, is not part of the unconscious work of the dream, but must be identified "with the work of our waking thought." The secondary elaboration is an *a posteriori* reworking which takes place in the successive transformations which we impose on the story of the dream once we are awake. This consists essentially in restoring a minimum of order and coherence to the raw material handed over by the unconscious mechanisms of displacement, condensation and symbolism, and in imposing on this heterogeneous assortment a façade, a scenario, which gives it relative coherence and continuity. In a word, it is a question of making the final version relatively similar to a daydream. Thus the secondary elaboration will utilize the ready-made scenarios, the fantasies or daydreams with which the subject has provided himself in the course of the day before the dream.

This is not necessarily to say that there is a privileged relationship between the fantasy which lies at the heart of the dream, and the fantasy which serves to make it acceptable to consciousness. Preoccupied by his discovery of the dream as the fulfilment of unconscious desire, it was no doubt natural for Freud to devalue anything close to consciousness which might appear to be defence and camouflage. In fact, the secondary elaboration²⁷. But

²⁵ "In favourable circumstances, the subject can still capture an unconscious fantasy of this sort in consciousness. After I had drawn the attention of one of my patients to her fantasies, she told me that on one occasion she had suddenly found herself in tears in the street and that, rapidly considering what it was she was actually crying about, she had got hold of a fantasy to the following effect. In her imagination she had formed a tender attachment to a pianist who was well known in the town (though she was not personally acquainted with him); she had had a child by him (she was in fact child-

less); and he had then deserted her and her child and left them in poverty. It was at this point in her romance that she had burst into tears" (Freud, 1908).

²⁶ "They draw near to consciousness and remain undisturbed so long as they do not have an intention of cathexis, but as soon as they exceed a certain height of cathexis they are thrust back." (Freud, 1915, p. 191.)

²⁷ There must of course be a dismantling of the secondary elaboration in order to be able to take the dream element by element. But Freud does not forget that by setting everything on the same level, which is one

quickly returns to a different appreciation:

would be a mistake, however, to suppose that these dream-façades are nothing other than mistaken and somewhat arbitrary revisions of the dream-content by the conscious agency of our mental life. . . . The wishful fantasies revealed by analysis of night-dreams often turn out to be repetitions or modified versions of scenes from infancy; thus in some cases the façade of the dream directly reveals the dream's actual nucleus, distorted by an admixture of other material (Freud, 1901, p. 667).²⁸

Thus the extremities of the dream, and the two forms of fantasy which are found there, seem, if not to link up, at least to communicate from within and, as it were, to be symbolic of each other.

We have spoken of a progression in Freud's thought with regard to the metapsychological status of fantasy. It does, of course, move towards differentiation, but we believe we have already shown that this goes without suppression of the homology between different levels of fantasy, and above all there is no attempt to make the line of major differentiation coincide with the topographical barrier (censorship), which separates the conscious and preconscious systems from the unconscious. The difference occurs within the unconscious:

Unconscious fantasies have either been unconscious all along or—as is more often the case—they were once conscious fantasies, daydreams, and have since been purposely forgotten and have become unconscious through "repression" (Freud, 1908, p. 61).

This distinction is later, in Freudian terminology, to coincide with that between original fantasies and others, those that one might call secondary, whether conscious or unconscious.²⁹

The aspects of psychoanalytic listening, the structure, the scenario, becomes itself an element, just as much, for instance, as the global reaction of the subject to his own dream.

²⁸ Freud seems also to have indicated that, generally speaking, desire can be more readily discovered in the structure of the fantasy than in the dream, unless the dream has been much restructured by the fantasy, as is particularly the case in "typical dreams". "If we examine the structure [of fantasies] we shall perceive the way in which the wishful purpose that is at work in their production, has mixed up the material of which they are built, has re-arranged it and has formed it into a new whole" (S.E., 5, p. 492).

Apart from this fundamental difference, the unity of the fantasy whole depends however on their mixed nature, in which both the structural and the imaginary can be found, although to different degrees. It is with this in mind that Freud always held the model fantasy to be the reverie, that form of novelette, both stereotyped and infinitely variable, which the subject composes and relates to himself in a waking state.

The daydream is a shadow play, utilizing its kaleidoscopic material drawn from all quarters of human experience, but also involving the original fantasy, whose *dramatis personae*, the court cards, receive their notation from a family legend which is mutilated, disordered and misunderstood. Its structure is the primal fantasy in which the Oedipus configuration can be easily distinguished, but also the daydream—if we accept that analysis discovers typical and repetitive scenarios beneath the varying clusters of fable.

However, we cannot classify or differentiate different forms of fantasy³⁰ as they shift between the poles of reverie or primal fantasy, simply, or even essentially, by the variability or inversion of the ratios between imaginary ingredient and structural link. Even the structure seems variable. In terms of daydream, the scenario is basically in the first person, and the subject's place clear and invariable. The organization is stabilized by the secondary process, weighted by the ego: the subject, it is said, lives out his reverie. But the original fantasy, on the other hand, is characterized by the absence of subjectivization, and the subject is present in the scene: the child, for instance, is one character amongst many in the fantasy "a child is beaten." Freud insisted on this visualization of the subject on the same level as the other protagonists, and in this sense the screen memory would

²⁹ We suggest the following schema:—

Urphantasie (original unconscious)	Phantasie (secondary)	
	unconscious (daydream) ←	conscious → (repressed)

The repression which returns secondary fantasies to the unconscious would be that described by Freud as "secondary repression" or "after-pressure". A further type of repression, more mythical and obscure, which Freud called "primal repression" (*Urverdrängung*) corresponds to the constitution of the primal fantasies or their reception by the individual. We attempt later to indicate an approach to this subject. Cf. also Laplanche and Leclaire, "L'inconscient, une étude psychanalytique," *Les Temps Modernes*, July 1961.

³⁰ Amongst which we should obviously include screen memories and infantile sexual theories.

have a profound structural relationship with original fantasies.³¹

"A father seduces a daughter" might perhaps be the summarized version of the seduction fantasy. The indication here of the primary process is not the absence of organization, as is sometimes suggested, but the peculiar character of the structure, in that it is a scenario with multiple entries, in which nothing shows whether the subject will be immediately located as *daughter*; it can as well be fixed as *father*, or even in the term *seduces*.

When Freud asked himself whether there was anything in man comparable to the "instinct in animals" (Freud, 1915, p. 195), he found the equivalent, not in the drives (*Triebe*) but in primal fantasies (Freud, 1918, p. 120, note). It is a valuable clue, since it demonstrates indirectly his unwillingness to explain fantasy on biological grounds: far from deriving fantasy from the drives, he preferred to make them dependent on earlier fantasy structures. It is also valuable in clarifying the position of certain contemporary concepts. Finally, it leads us to investigate the close relationship between desire and fantasy involved in the term *Wunschphantasie* (wish-fantasy).

Isaacs, for instance, considered unconscious fantasies to be "an activity parallel to the drives from which they emerge." She sees them as the "psychological expression" of experience, which is itself defined by the field of force set up by libidinal and aggressive drives and the defences they arouse. Finally she is concerned to establish a close link between the specific forms of fantasy life and the bodily zones which are the seat of the drives, though this leads her to underestimate one part of the Freudian contribution to the theory both of fantasy and drives. In her view, fantasy is only the imagined transcription of the first objective of any drive, which is a specific object: the "instinctual urge" is necessarily experienced as a fantasy which, whatever its content (desire to suck, in a baby),

will be expressed, as soon as verbalization is possible³², by a phrase consisting of three parts: subject (I), verb (swallow, bite, reject), object (breast, mother).³³ Of course, in so far as the drives are, for the Kleinians, in the first place the nature of relationships, Isaacs shows how such a fantasy of incorporation is also experienced in the other sense, the active becoming passive. Furthermore, this fear of a return sender is a constituent element of the fantasy itself. But it is hardly enough to recognize the equivalence of eating and being eaten in the fantasy of incorporation. So long as there is some idea of a subject, even if playing a passive role, are we sure to reach the structure of the deepest fantasy?

For Isaacs, fantasy is the direct expression of the drive, and almost consubstantial with it, and can, in the last resort, be reduced to the relationship which links subject to object by a verb of action (in the sense of the omnipotent wish). This is because, for her, the structure of the drive is that of a subjective intentionality and inseparability from its object: the drive "intuits" or "knows" the object which will satisfy it. As the fantasy which at first expresses libidinal and destructive drives, quickly transforms itself into a form of defence, so finally it is the whole of the subject's internal dynamic which is deployed in accordance with this unique type of organization. Such a concept postulates, in agreement with certain Freudian formulations, that "all that is conscious has passed through a preliminary unconscious stage," and that the ego is "a differentiated part of the id." One is therefore obliged to provide every mental operation with an underlying fantasy which can itself be reduced on principle to an instinctual aim. The biological subject is on a direct line of continuity with the subject of fantasy, the sexual, human subject, in accordance with the series: soma → id → fantasy (of defence) → ego mechanism: the action of repression is difficult to grasp, since "fantasy life" is more implicit than repressed, and contains its own conflicts by virtue of

³¹ Freud saw in this characteristic of screen-memories that they were not true memories, yet of all conscious fantasies, they are the only ones to claim reality. They are true scenes, the screens of primal fantasies or scenes.

³² According to Isaacs, "primary phantasies are . . . dealt with by mental processes far removed from words." It is only through practical necessity that we express them in words, but we thereby introduce a "foreign element". Isaacs, using one of Freud's expressions, speaks of "the language of drives", and it is true that it is not its verbal or non-verbal character which defines the nature of language. But if Isaacs confuses language and the power

of expression, perhaps this leads here to a failure to appreciate the originality of Melanie Klein's concept. Her attempt to describe a language which is non-verbal but nonetheless structured, on the basis of pairs of opposites (good-bad, inner-outer). The audacity of the technique does at least assume a reference, not to a mobile expression of instinctual life, but to fundamental oppositions.

³³ Cf. the variants formulated by Isaacs: "I want to eat her all up," "I want to keep her inside me," "I want to tear her to bits," "I want to throw her out of me," "I want to bring her back," "I must have her now."

co-existence within the psyche of contradictory elements. There is, in fact, a profusion of fantasy, in which it is impossible to recognize the special type of structure which Freud tried to distinguish and where the elusive but elective relationship which he established between fantasy and sexuality also dissolves.

It is a little surprising that Freud, at a time when he fully recognized the existence and extent of sexuality and fantasy in the child, should have continued, as for instance in a footnote to the *Three Essays* in 1920 (1905, p. 26), to consider the period of maximum fantasizing activity to occur in the period of pubertal and pre-pubertal masturbation.³⁴ It is perhaps because to him there was a close correlation between fantasy and auto-erotism, which was not sufficiently accounted for by the belief that the second is camouflaged by the first. In fact he seems to be sharing the common belief that in the absence of real objects the subject seeks and creates for himself an imaginary satisfaction.

Freud himself did much to authorize this viewpoint when he tried to establish a theoretical model of desire, both in its object and purpose.³⁵ The origin of fantasy would lie in the hallucinatory satisfaction of desire; in the absence of a real object, the infant reproduces the experience of the original satisfaction in a hallucinated form. In this view the most fundamental fantasies would be those which tend to recover the hallucinated objects linked with the very earliest experiences of the self and the resolution of desire.³⁶

But before we try to discover what the Freudian fiction (*Fiktion*) is really intended to cover, we must be clear about its meaning, more particularly since it is rarely formulated in detail, but always presupposed in Freud's concept of

the primary process. One might consider it a myth of origin: by this figurative expression Freud claims to have recovered the very first upsurgings of desire. It is an analytic "construction", or fantasy, which tries to cover the moment of *separation* between *before* and *after*, whilst still containing both: a mythical moment of disjunction between the pacification of need (*Befriedigung*) and the fulfilment of desire (*Wunscherfüllung*), between the two stages represented by real experience and its hallucinatory revival, between the object that satisfies and the sign³⁷ which describes both the object and its absence: a mythical moment at which hunger and sexuality meet in a common origin.

If, caught in our own turn by the fantasy of origins, we were to claim to have located the emergence of fantasy, we should start from the standpoint of the real course of infantile history, and the development of infantile sexuality (seen from the viewpoint of Chap. 2 of *Three Essays*), and we should relate it to the appearance of auto-erotism, to the moment of what Freud calls the "pleasure premium." This is not a pleasure in the fulfilment of function, or the resolution of tension created by needs, but a marginal product, emerging from the world of needs, these vitally important functions whose aims and mechanisms are assured and whose objects are pre-formed.

But in speaking of the appearance of auto-erotism, even when taking care not to transform it into a stage of libidinal development, and even stressing its permanence and presence in all adult sexual behaviour, one is liable to lose sight of all that gives the notion its true meaning, and all that can illuminate the *function* as well as the *structure* of fantasy.

If the notion of auto-erotism is frequently criticized in psychoanalysis, this is because it is incorrectly understood, in the object-directed

³⁴ More often than not masturbation implies, of course, an imaginary relationship with an object: thus it can only be described as auto-erotic from an external standpoint, to the extent that the subject obtains satisfaction by resorting solely to his own body. But an infantile auto-erotic activity, such as sucking the thumb, in no sense implies the absence of any object. What makes it eventually auto-erotic is, as we shall show later, a special mode of satisfaction, specific to the "birth" of sexuality, which lingers on into pubertal masturbation.

³⁵ "The first wishing (*Wünschen*) seems to have been a hallucinatory cathecting of the memory of satisfaction" (Freud, 1900, p. 598).

³⁶ Cf. for instance Isaacs's interpretation of Freud's hypothesis of the first hallucination: "It seems probable that hallucination works best at times of less instinctual tension, perhaps when the infant half-awakes and first begins to be hungry. . . . The pain of frustration then stirs

up a still stronger desire, viz. the wish to take the whole breast into himself and keep it there as a source of satisfaction; and this in its turn will for a time omnipotently fulfil itself in belief, in hallucination. . . . This hallucination of the internal satisfying breast may, however, break down altogether if frustration continues, and hunger is not satisfied, the instinct—tension proving too strong to be denied."

It is obvious that the author is in difficulty about reconciling a hallucinated satisfaction with the demands of a frustrated instinct. How indeed can an infant *feed itself* on wind alone? The Freudian model is incomprehensible unless one understands that it is not the real object, but the lost object; not the milk, but the breast as a signifier, which is the object of the primal hallucination.

³⁷ The breast, wrongly named "object of desire" by psychoanalysts.

sense, as a first stage, enclosed within itself, from which the subject has to rejoin the world of objects. It is then easy to demonstrate, with much clinical detail, the variety and complexity of the links which, from the beginning, relate the infant to the outer world and, particularly, to its mother. But when Freud, principally in the *Three Essays*, speaks of auto-erotism, he has no intention of denying the existence of a primary object relationship. On the contrary, he shows that the drive becomes auto-erotic, only after the loss of the object.³⁸ If it can be said of auto-erotism that it is objectless, it is in no sense because it may appear before any object relationship³⁹, nor because on its arrival no object will remain in the search for satisfaction, but simply because the natural method of apprehending an object is split in two: the sexual drive separated from the non-sexual functions, such as feeding, which are its support (*Anlehnung*⁴⁰) and which indicate its aim and object.

The "origin" of auto-erotism would therefore be the moment when sexuality, disengaged from any natural object, moves into the field of fantasy and by that very fact becomes sexuality. The moment is more abstract than definable in time, since it is always renewed, and must have been preceded by erotic excitation, otherwise it would be impossible for such excitation to be sought out. But one could equally state the inverse proposition, that it is the breaking in of fantasy which occasions the disjunction of sexuality and need⁴¹. The answer to the question of whether this is a case of circular causality or simultaneous appearance is that however far back

one may go they originate from the same point.

Auto-erotic satisfaction, in so far as it can be found in an autonomous state, is defined by a very precise characteristic: it is the product of the anarchic activity of partial drives, closely linked with the excitation of specific erogenic zones, an excitation which arises and is stilled at the spot. It is not a global, functional pleasure but a fragmented pleasure, an organ pleasure (*Organlust*) and strictly localized.

It is known that erogeneity can be attached to predestined zones of the body (thus, in the activity of sucking, the oral zone is destined to its very physiology to acquire an erogenic value), but it is also available to any organ (even internal organs), and to any region or function of the body. In every case the function serves as support, the taking of food serving, for instance, as a model for fantasies of incorporation. Though modelled on the function of sexuality lies in its difference from the function in this sense its prototype is not the act of sucking, but the enjoyment of going through the motions of sucking (*Ludeln*), the moment when the external object is abandoned, when the aim and the source assume an autonomous existence with regard to feeding and the digestive system. The ideal, one might say, of auto-erotism is "lips that kiss themselves." Here, in this apparently self-centred enjoyment as in the deepest fantasy, in this discourse no longer addressed to anyone, all distinctness between subject and object has been lost.

If we add that Freud constantly insisted on the seductive role of the mother (or of other women) when she washes, dresses or caresses her child

³⁸ "At a time at which the first beginnings of sexual satisfaction are still linked with the taking of nourishment, the sexual instinct has a sexual object outside the infant's own body in the shape of his mother's breast. It is only later that the instinct loses that object, just at the time, perhaps, when the child is able to form a total idea of the person to whom the organ that is giving him satisfaction belongs" (Freud, 1905, p. 222). The passage is also invaluable as a further indication that the very constitution of the auto-erotic fantasy implies not only the partial object (breast, thumb or substitute), but the mother as a total person, withdrawing as she becomes total. This "totalization" is not to be understood as in the nature of a *Gestalt*, but by reference to the child's demand, which may be granted or refused by the mother.

³⁹ Described by some psychoanalysts as an "objectless" stage, on a genetic basis, which one might call totalitarian, since it confuses the constitution of the libidinal object with that of objectivity in the external world, and claims to establish stages in the development of the ego as "organ of reality", stages which they also hold to be correlative with those of the libido.

⁴⁰ Elsewhere (in our *Vocabulaire de psychanalyse*, Presses Universitaires de France, Paris, 1967), we are

developing this notion which is fundamental to Freudian theory of instincts.

⁴¹ In one of his first reflections on fantasy Freud mentions that the *Impulse* could perhaps emanate from fantasy (Draft N).

⁴² Cf. also in *Instincts and their Vicissitudes*, the analysis of the pairs of opposites, sadism-masochism, voyeurism-exhibitionism. Beneath the active or passive form of the phrase (seeing, being seen, for instance), must assume a reflexive form (seeing oneself) which, according to Freud, would be primordial. No doubt to a primordial degree is to be found when the subject no longer places himself in one of the different terms of the fantasy.

⁴³ "... A child's intercourse with anyone responsive for his care affords him an unending source of sexual excitation and satisfaction from his erotogenic zone. This is especially so since the person in charge of him, who, after all, is as a rule his mother, herself regards him with feelings that are derived from her own sexual life and quite clearly treats him as a substitute for a complete sexual object" (1905, p. 223). It is however customary to say that Freud took a long time to recognize the link between the child and the mother.

and if we note also that the naturally erogenous zones (oral, anal, uro-genital, skin), are not only those which most attract the mother's attention, but also those which have an obvious exchange value (orifices or skin covering) we can understand how certain chosen parts of the body itself may not only serve to sustain a local pleasure, but also be a meeting place with maternal desire and fantasy, and thus with one form of original fantasy.

By locating the origin of fantasy in the auto-erotism, we have shown the connection between fantasy and desire. Fantasy, however, is not the object of desire, but its setting. In fantasy the subject does not pursue the object or its sign: he appears caught up himself in the sequence of images. He forms no representation of the desired object, but is himself represented as participating in the scene although, in the earliest forms of fantasy, he cannot be assigned any fixed place in it (hence the danger, in treatment, of interpretations which claim to do so). As a result, the subject, although always present in the fantasy, may be so in a desubjectivized form, that is to say, in the very syntax of the sequence in question. On the other hand, to the extent that desire is not purely an upsurge of the drives, but is articulated into the fantasy, the latter is a favoured spot for the most primitive defensive reactions, such as turning against oneself, or into an opposite, projection, negation: these defences are even indissolubly linked with the primary function of fantasy, to be a setting for desire, insofar as desire itself originates as prohibition, and the conflict may be an original conflict.

But as for knowing who is responsible for the setting, it is not enough for the psychoanalyst to rely on the resources of his science, nor on the support of myth. He must also become a philosopher.

Summary

1. The status of fantasy cannot be found within the framework of the opposition reality-illusion (imaginary). The notion of *psychical reality* introduces a third category, that of structure.

2. Freud's theory of seduction (1895-97) is re-examined from the point of view of its pioneering and demonstrative value: it permits the analysis of the dialectic relationship between fantasy productions, the underlying structures, and the reality of the scene. This "reality" is

to be sought in an ever more remote or hypothetical past (of the individual or of the species), which is postulated on the horizon of the imaginary, and implied in the very structure of the fantasy.

3. Freud's so-called abandonment of the reality of infantile traumatic memories, in favour of fantasies which would be based only on a biological, quasi-endogenous evolution of sexuality, is only a transitional stage in the search for the foundation of neurosis. On the one hand seduction will continue to appear as one of the data of the relationship between child and adult (Freud, Ferenczi); on the other hand, the notion of *primal* (or *original*) *fantasies* (*Urphantasien*), of "inherited memory traces" of prehistoric events, will in turn provide support for individual fantasies.

The authors propose an interpretation of this notion: such a pre-history, located by Freud in phylogenesis, can be understood as a pre-structure which is actualized and transmitted by the parental fantasies.

4. Original fantasies are limited in their thematic scope. They relate to problems of origin which present themselves to all human beings (*Menschenkinder*): the origin of the individual (primal scene), the origin of sexuality (seduction), and the origin of the difference between the sexes (castration).

5. The origin of fantasy cannot be isolated from the origin of the drive (*Trieb*) itself. The authors, reinterpreting the Freudian concept of the *experience of satisfaction*, locate this origin in the auto-erotism, which they define not as a stage of evolution but as the moment of a repeated disjunction of sexual desire and non-sexual functions: sexuality is detached from any natural object, and is handed over to fantasy, and, by this very fact, starts existing as sexuality.

6. The *metapsychological* status of this mixed entity, the fantasy, is finally established. The authors refuse to accept the main line of separation between conscious and unconscious fantasies (Isaacs). They place this division between the original and the secondary fantasies (whether repressed or conscious) and demonstrate the relationship and the profound continuity between the various fantasy scenarios—the stage-setting of desire—ranging from the daydream to the fantasies recovered or reconstructed by analytic investigation.

REFERENCES

- BREUER, J. and FREUD, S. (1895). *Studies on Hysteria*, S.E., 1.
- FERENCZI, S. (1933). "Confusion of tongues between the adult and the child." In: *Final Contributions to the Problems and Methods of Psycho-Analysis* (London: Hogarth, 1955).
- FREUD, S. (1900). *The Interpretations of Dreams*, S.E., 4-5.
- (1901). "On dreams." S.E., 5.
- (1905). *Three Essays on the Theory of Sexuality*, S.E., 7.
- (1906). "My views on the part played by sexuality in the neuroses." S.E., 7.
- (1908). "Hysterical phantasies and their relation to bisexuality." S.E., 9.
- (1911). "Formulations on the two principles of mental functioning." S.E., 12.
- (1914). "On the history of the psycho-analytic movement." S.E., 14.
- (1915). "The unconscious." S.E., 14.
- (1915). "A case of paranoia running counter to the psycho-analytic theory of the disease." S.E., 14.
- FREUD, S. (1915). "Instincts and their vicissitudes." S.E., 14.
- (1916-17). *Introductory Lectures*, S.E. 15-16.
- (1916). "The paths to the formation of symptoms." S.E., 16.
- (1918). "From the history of an infantile neurosis." S.E., 17.
- (1925). "An autobiographical study." S.E., 20.
- (1933). "Femininity." S.E., 22.
- (1940). *An Outline of Psycho-Analysis*, S.E. 23.
- (1950). *The Origins of Psycho-Analysis* (London: Imago, 1954).
- ISAACS, S. (1948). "The nature and function of phantasy." *Int. J. Psycho-Anal.*, 29.
- KLEIN, M. (1934). "A contribution to the psychogenesis of manic-depressive states." *Contributions to Psycho-Analysis* (London: Hogarth, 1949).
- (1960). *Narrative of a Child Psycho-Analysis* (London: Hogarth).

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ERRATUM

On page 558 of the last issue of the *Journal* (Volume 48 Part 4) the address of Dr ROY C. CALOGERAS was given wrongly. Dr Calogeras's correct address is 155 East 73rd Street, New York, N.Y. 10021.

THE PSYCHOANALYTIC PROCESS

LEO RANGELL, Los Angeles

I am happy for a number of reasons with the choice of the nuclear subject of the psychoanalytic process for one of the two Symposia at this second Pan-American Congress.¹ For one thing, this continues the trend established at the first Congress to address ourselves to basic and central issues. Not only do such issues lend themselves to the most fruitful and profitable discussion but they also serve best as a ground on which to compare and contrast the views of the two great psychoanalytic cultures. In addition, however, it is to my mind of particular importance today carefully to define and to keep intact the essential core of our theory because of encroachment from two opposite directions: one, from the field of neuropsychobiology, in which significant advances have been made, viz., "The New Biology of Dreaming", the neurochemistry of behaviour in general, the biological factors in the psychoses, and the burgeoning field of psychopharmacology; and, *per contra*, from the field of community psychiatry.

Both of these, welcome and promising fields in themselves from the point of view of advancing knowledge as well as application, present us with a challenge. A constant refining of our theoretical core would be in order even without such external pressures. These pressures, however, make such a periodic re-assertion and re-definition imperative, both from the standpoint of our internal clarity and impetus as well as of maintaining optimum relationships with our contiguous and complementary disciplines.

For my own contribution to this discussion I will return to interests previously developed and to several previous papers which I hope will prove to be useful and relevant in developing my present theme. One of these was a contribution to a panel on Psychoanalysis and Psychotherapy (1954) and the other two (1963) on the dynamic sequential events in the unfolding of unconscious intrapsychic conflict.

As a point of departure I would like to go back to a sentence from the 1954 paper. After dealing at some length with the subject of the similarities and differences between psychoanalysis and other dynamic psychotherapies, I assayed a definition of psychoanalysis as follows:

Psychoanalysis is a method of therapy *whereby* conditions are brought about favourable for the development of a transference neurosis, in which the past is restored in the present, *in order that*, through a systematic interpretative attack on the resistances which oppose it, there occurs a resolution of that neurosis (transference and infantile) *to the end* of bringing about structural changes in the mental apparatus of the patient to make the latter capable of optimum adaptation to life.

To continue quoting from that paper, "I submit that the items in the above definition are *sine qua nons* and nonexpendable, and that no nonexpendable issue or condition has been omitted from it."

I hold no brief for the durability or for the qualitative unassailability of this definition. However, today, twelve years later, I at least do not as yet see any glaring defects in its content nor anything substantial which I would add or subtract. And since I ventured it, I will abide by it and use it as a guide for our present purposes.

To this end I would expect that our present point of interest, that of the psychoanalytic process, would be encompassed as a more discrete entity within this wider and more inclusive view of the total psychoanalytic procedure. To extract this smaller and more limited view, which I believe to be the essence of the larger entity, we would have to turn from the lower to the higher power, to a more microscopic view of the core itself, as from the tissue to the cell, or from the cell to its nucleus.

Sharp distinctions and clear delineations are useful here as elsewhere. Just as Hartmann

¹ Presented as the Opening Address of a Symposium on "The Psychoanalytic Process", 2nd Pan-American Congress for Psychoanalysis, Buenos Aires, 1 August 1966.

(1964) stresses the necessity to separate process from function, and Rapaport (1960), Gill (1963), Arlow and Brenner (1964), and others are careful to separate function from structure, so is it necessary for us now to make fine distinctions. This I propose to do here, to isolate out of a broader sequence of events the pathognomonic or, better, the paradigmatic activity which constitutes and characterizes the analytic process. Such a view, I suggest, can be considered to be on what I have referred to as a micropsychophysiologic level, when I described in detail (1963a, b) the sequential processes which take place in intrapsychic conflict or in the development of a specific symptom, such as conversion (Rangell, 1959).

While the more precise goal will be to identify the specific and indispensable central core which we would consider the *sine qua non* of the psychoanalytic process, such a close view should be preceded by first seeing this area in perspective, in relation to a larger view of the grosser aspects. There is a continuum of fine points, of discrete elements making up the whole which, for clarity, must be seen in their relationships to each other. Many of these have been considered separately and have been individually subjects for discussion in recent years at various Panels and Symposia at both the American and International Psychoanalytic Associations. These closely related subjects contiguous to and around our subject of today include psychoanalytic methodology, psychoanalytic technique, the classical psychoanalytic technique and its modifications, psychoanalysis and psychotherapy, the psychoanalytic situation, the transference neurosis, etc. Many of you will recall at once the numerous previous discussions of various specific elements of this related group. Today we have as the specific focus of interest a slight but definite variation from any of these, i.e., the psychoanalytic process.

By way of orientation, and in a preliminary and summary form, my view of the interrelationships between some of the above elements is as follows: the psychoanalytic technique sets up the psychoanalytic situation, in which the psychoanalytic process can take place, by which psychoanalytic goals may be achieved. While our central view today is to be confined more or less to the matter of what I believe to be the core process of this sequence, some degree of overlapping cannot be avoided.

To approach the examination of the process itself, it would be well first to ask what there is

in the analytic situation which allows the process to begin. Briefly, I would say that at the very least this consists of an intrapsychic situation (the patient) having certain specific characteristics, acute or chronic, which are at least to a certain degree ego-alien. Alongside of this is at least a certain amount of ego which has decided to seek a possible change and to submit itself to the analytic process in the hope of bringing this about. It is with this part of the patient's ego that what Menninger (1958) calls a contract entered upon between the patient and the psychoanalyst.

But this does not yet assure either the onset or the continuance of the analytic process. In a certain number of cases the beginning phase of the analysis is actually very much a trial period but a trial on the part of the patient as much as it is a trial conducted by the analyst. The "trial analysis", which does not seem as much thought of today as it was years ago, could well be more considered and kept in awareness in evaluation as a routine matter. Indeed whatever changing modes prevail on the part of analyst from the part of the patient such a dynamic occurrence is quite a frequent, if not a regular feature.

This is the phase in which, recalling the definition given above, "conditions are brought about favourable for the development of transference neurosis, etc.". The transference neurosis is not yet here, but the "conditions are [being] brought about" favourable for its development.

To consider separately what happens in the patient and the contributions made by the analyst to bring these conditions about, the central and indispensable contribution of the analyst from the start is his "analytic attitude" with all that this has come to mean to us through the years. This is the analyst's characteristic and well-known identifying stance, in which he takes up a position equidistant from the interacting intrapsychic structures within the patient. His corollary sole and primary aim is to detect, understand, and interpret, to the cooperation of the rational ego of the patient with which he is in alliance, the network of intrapsychic conflict operative between these psychic structures.

While reference to this crucial role of the analyst in creating the analytic situation, which will make possible the analytic process, cannot be left out, I will desist from going into the detailed aspects of the large subject which balloons out at this point, which would devolve

into the centre of psychoanalytic *technique* and cause us to digress from our main theme. The entire area comprises a copious and lively literature of its own, is subject to differences of opinion as well as to much misunderstanding, both inside and outside our field, and has been a source of one particular brand of controversy among analysts. I will say only that the stance described above, rooted as it is in relentless incorruptibility, is not characterized by harshness, as commonly misunderstood, does not exclude, indeed must include, kindness and warmth, and does not preclude a wide latitude of actions, attitudes, and differences in personal "style" on the part of analysts. Perhaps this range of permissible activity and of "human-ness" on the part of the analyst has been best articulated by Stone (1961), with whose warm and yet scientific description of the psychoanalytic situation I completely agree. None of these differences, in my opinion, is inconsistent with the analyst's central maintenance of the position described above. Whatever else can be and is done, however, it is this stand of the analyst *vis-à-vis* the patient's conflicting intrapsychic structures which makes possible, fosters, and will later sustain the analytic process in the patient. It is this which is new to the patient, with which he now finds himself confronted, and which he is to taste, savour, wonder about, worry about, object to, and finally use.

From the side of the patient, during this initial period, small amounts of forbidden material are meted out, sometimes in subtle, sometimes in explosive form, usually in graduated doses, to test out the new current reality, i.e., the analytic situation. While the contract has been agreed upon, this has not yet penetrated to the depth, and the analytic process *per se* is not yet quite ready to begin.

The patient may tell of extramarital sexual activity, or the fact of masturbation (not yet the fantasies), or the embarrassing history of an abortion. One patient blurted out at once, amidst much tears, the existence of an illegitimate child whom he was secretly supporting. Such unwelcome psychic material, mostly conscious or preconscious, and of long-standing anxiety potential, are "tried on for size", to sample the reactions of the new environment. The

reactions and responses of the latter will determine whether the patient can go further. This process may go on in increments, sometimes for a lesser, sometimes for a longer time, for the necessary development in this situation of what Erikson (1950), in the context of the original development, calls "basic trust". To one patient it was not the abortion which she had quickly "confessed" which was the real test of the analyst but, it came out many weeks later, there was a second one. Only when the analyst received this new information with the same equanimity and a continual interest to understand, and still did not "get disgusted with her", did he finally pass the test.

These interchanges do not yet involve transference displacements or distortions, but rather seek to establish the realistic position and characteristics of the analyst. In fact, only to the extent that the analyst establishes and maintains this reality as a base will he be in a position to detect and interpret the transference distortions which will emanate from the unconscious of the patient in the ensuing analytic process.

The above description of an introductory and somewhat preliminary dynamic process does not always occur. There are many patients whose internal introspective capacities and readiness are already sufficiently developed, and whose perception and evaluation of the external world are sufficiently benevolent to make such a preliminary testing phase unnecessary and to enable the analytic process to begin at once.² However, I mention the former because (a) it occurs in an appreciable number of cases and (b) it can serve as a type of transitional state between normal intrapsychic life and the analytic process, and help as a bridge to our understanding of the latter. The above process, of the patient laying his more or less consciously held secrets at the feet of the judging and reacting analyst, when it occurs, can be seen to be a prelude, and in a way a simplified model of what will become, with certain major and significant changes, the central process of psychoanalytic therapy.

The essential nature of what would be considered the core of the analytic process, it should be noted, has undergone basic changes according to the different historical periods of the

² One may argue that in a technical sense transference appears at once even in the instances first noted, and that the testing described may already reveal an intrinsic suspiciousness displaced from unconscious infantile sources. However it can be countered that the testiness

may also be considered to be ego-adaptive behaviour, appropriate to the situation of caution before a "stranger", and not at all a displaced transference neurotic phenomenon. Of course both types of reaction can also occur together.

development of our science. The core of this process was looked upon differently in our historical beginnings when the central explanatory theory of neurogenesis was the theory of locatable affects, with its accompanying central therapeutic technique, that of catharsis and abreaction. I will skip over the various intermediate stages of our historical development and approach this subject from what I consider the most useful and comprehensive theoretical vantage point. This, in my opinion, would be a combination of the present structural point of view and Freud's second and current signal theory of anxiety. Just as these two corollary points of departure have been used in recent years with the greatest profit as the explanatory centre for the general psychoanalytic theory of neurosis as well as individual clinical syndromes, so, I submit, can they be applied with the greatest usefulness and illumination to explain the analytic process which undoes them.

In the analytic milieu (situation) as prepared and described above, the analytic process can be said to begin when the patient really free associates (whether at once or after a preliminary period as described). While the analyst is the technician, the catalyst, the accoucheur who facilitates the onset of the analytic process and guides it over obstacles through its course, the process itself takes place within the patient. In the controlled analytic situation, with access to action curtailed and the external atmosphere having been defined as it has by the analyst (as objective and non-judgmental), the patient is free to allow conflictful unconscious material to emerge more than in his normal inner or outer life. The vehicle for this emergence is via the sum total of his free associations, memories, fantasies, dreams, etc., along with their contingent affects. Unconscious instinctual impulses, libidinal and aggressive, are revealed from behind increasingly less vigilant ego defences, and experienced, tested and judged by the corresponding adaptive functions of the ego, under the protective aegis of the analyst in the analytic situation. Lewin (1955) has pointed out, from a similar description, the dynamic similarity between analysis and the dream. But while the analytic work, like the dream-work, results in the emergence from repression of more and more primitive primary-process psychic material, the dream in its final product

aims to re-disguise this content while analysis aims to reveal and understand it.

I would like to turn now to a comparison of the intrapsychic with the analytic process to what can be gleaned from the former to help understand the latter. In describing previous (1963) the microscopic sequential series of events which takes place in the normal development of intrapsychic conflict (1963a, b) and its resolutions or alternative sequelae, I pointed out that the valuable signal concept, applied to anxiety, can be extended to apply to a whole series of signal events. To recapitulate this briefly, under the pressure of instinctual drives the ego permits a trial discharge of a small or controlled amount of such pressing drive impulse which, if it proves to be of a noxious quality, will arouse a comparably small but potentially larger opposition on the part of the superego. This represents a miniature, controllable, preliminary and signal conflict, but the token of a potentially larger and less controllable one, with the threatened loss of intrapsychic equilibrium and of ego control. This is accompanied by release of the signal of anxiety, which heralds the potential danger. This unconscious train of events (needless to say this entire sequence takes place unconsciously) is sampled by the test ego and gives the ego the cue as to its next move.³ The ego may then repress or otherwise defend against the pressing instinctual drive, in which case the more definitive and sustained state of intrapsychic conflict ensues, with its defences deployed against instinctual discharge over a more significant and abiding period. Or the ego may be able to allow full or partial discharge along an acceptable ego-syntonic path; or it may have to resort to some compromise psychic formation, symptom-formation; or to other solutions which cannot cover them all.

This description, I submit, is directly applicable and transferable to the model of what takes place at the core of the analytic process as it is. A person coming for analysis—or, more coming, for that matter—has acquired an accustomed pattern, or, more accurately, a complex network of patterns, of such microscopic intrapsychic processes, just as he has with his general external behaviour. All parts of his character, "style", or type modes. Included, or in addition, there may

³ This is really a magnified view of Freud's analogy between signal anxiety and inoculation—and described in greater detail the intermediate analogous steps between injection and reaction.

inhibitions, symptoms, or anxiety, in a great variety of combinations.

Under the influence of the analytic situation, which has been prepared and established as described above, the ego is stimulated, as it is already internally motivated, to externalize this internal intrapsychic process, or at least to expose a derivative and modified version of it to external inspection, evaluation, and interpretation. Via the products of free association, psychic products ordinarily subjected to suppression or to secondary repression find open paths to conscious expression and hence to inspection both by the patient and the analyst. As is well known, during the course of the analysis such material becomes increasingly more primitive, i.e., closer and closer to primary process, and from an increasingly regressed position. That this regression in analysis is "regression in the service of the ego" (Kris, 1934) is more than a catchy phrase, and in my opinion expresses a core dynamism in the "process" of psychoanalysis in keeping with the thesis being presented here.

Via material which comprises the analytic hour, derivatives of instinctual drive are brought forth within the analytic view, to be tested by the patient's ego in front of, and if necessary, with the help of, the analyst. The field of inspection is widened from the intrapsychic to the analytic process. The latter, by providing more protection against anxiety than exists within the patient's intrapsychic sphere alone, thereby widens the area which can be exposed. An analogy might be made to the use of anaesthesia to expose a wider area of the patient's "insides" than would otherwise be possible. To carry this analogy further, and to clarify the point more, the analogue of general anaesthesia would be treatment by hypnosis, while the analytic process could be compared with local anaesthesia, during which exposure is made but consciousness is maintained. This is a crucial difference, and expresses the advance made by the psychoanalytic over the hypnotic method. The conscious ego, eliminated in hypnosis, is very much available and necessary in the analytic process for its therapeutic purpose.

During the intrapsychic process the ego tests the instinctual drives against potential opposition or censorship, stemming essentially from the superego⁴, as a result of which it is guided in its

subsequent actions. In the analytic process, however, these very functions of the ego *vis-à-vis* the drives come themselves under observation, so that the observing segments of the ego examine not only the drives but the operations of other parts of the ego (the defensive functions) in relation to them. We will recall from my previous definition (1954), "... through a systematic interpretative attack on the *resistances* which oppose it . . .", i.e., the resistances of the ego. We might say that the ego, the internal analyst, comes under the analysis of the external psychoanalyst, enlarging its own analytic scope as a result. The analytic process is thus a wider view of the entire field of intrapsychic operations and activity. The former subjects the latter to analytic scrutiny. The nature of the intrapsychic conflicts *and* the modes of solving them are all included in the field of vision. This includes eventually the quality, quantity, and content of instinctual drives, the totality of ego operations, and the characteristics, content and modes of action of the superego, as well as the interaction and interrelationships between all these. If we had time to be more complete we could see that all the detailed elements which qualify to be included in the *diagnostic* profile (such as in Anna Freud's (1965) developmental profile or in a parallel inventory I have previously described (1965) would also find their way into the listing in a catalogue of content for the *therapeutic* (i.e., analytic) process.

The content subjected to the analytic process, to state this in a schematic rather than in an empirical way, proceeds from the presenting clinical picture through a series of less and less distorted derivatives back to the original infantile neurosis. Only in psychoanalysis, under the protection of the analytic situation, is the patient motivated and willing to *produce* voluntary psychic disequilibria in a regressive path towards such original nuclear aetiological situations. In other psychotherapies only anxiety which is already present or inevitable, as an accompaniment of decompensation, is accepted to be faced by the patient; in the analytic process it is produced. Related to this and in similar vein, another major difference between psychoanalysis and any other form of psychotherapy is that only in the former does interest transcend the structure of the symptom and concern itself in depth with the genetics,

⁴ Actually the drives are probably put to the test of certain "ego interests" (Hartmann) as well, but for the schematic purposes of this presentation the above can hold.

dynamics and structure of the basic surrounding and underlying character. Symptom-analysis, as is well known, plays but a small part in psychoanalysis. It quickly merges into a comprehensive and systematic attention to the inter-structural dynamics prototypic for the character.

The nodal genetic points of interest and emphasis which emerge during the dynamic and therapeutic unfolding of the analytic process, such as the oedipal-castrative-phallic, or the pre-genital, the relationships between them, and the relationship of each of them to various individual clinical syndromes, begin to veer off from our central area of concern. Though a product of the analytic process, such emerging content begins to merge into the fields of psychopathology and aetiology of the neuroses and are beyond the scope of this paper. Nevertheless, there is some linkage to psychoanalytic technique and the analytic process in terms of the question as to how far the latter need go. Suffice it to say that here too is a lively area for discussion, with differences of emphasis contrasting our two psychoanalytic centres. This however, is also not the central interest of this Symposium.

No account of the analytic process would be complete without including the fact that within the analytic arena the current psychic product by means of which the past of the patient is mainly exposed, with its intrapsychic conflicts and their sequelae, is the transference neurosis and its complex vicissitudes. Referring back to my original definition (1954), "... conditions are brought about favourable for the development of a transference neurosis, in which the past is restored in the present ..."

This is not the place for a lengthy discussion of the transference neurosis. I would only say that I do not consider every affective response to the analyst to be transference, but only those displaced by the patient from his unconscious past. These can be distinguished and clearly delineated only to the extent that the analyst establishes and maintains the analytic stance prescribed above, which renders him available and susceptible for transference displacement. It is via the analysis of the transference components, and tracing these genetically back to their antecedent roots, that the analysis of the patient's current and past neurotic constructions are largely accomplished.

I would like to comment briefly at this point on another type of relationship between patient and analyst besides the transference relationship

which has received a good deal of attention late. I am referring to the therapeutic alliance (Zetzel, 1956, 1966a, b), the "working alliance" (Greenson, 1965, 1966) or the "diatrophic attitude" (Gitelson, 1962). These terms, defined by these authors, emphasise a nurturant aspect from analyst to patient as necessary to a certain degree and upon which the "alliance" is considered to be based for the more analytic type of work together. This aspect of the relationship is in contrast to, or even in a sense in conflict with (Greenson, 1966) the more neutral and observing aspects of the analyst's stance from which the transference relationship stems and to which it is connected.

While the type of bond described in the works is an important ingredient in any therapeutic relationship, it does not distinguish the analytic from other psychotherapeutic processes and is necessary and present in all, including, Zetzel has pointed out (1966b), "the doctor-patient relationship in general clinical medicine." On the other hand, while this nurturing relationship is not the central one in the analytic process where it is in fact characteristically and by definition kept to a minimum, the transference relationship, with its attendant transference neurosis, and a systematic and persistent attention to these, are pathognomonic for the analytic process.

The therapeutic alliance in analysis which distinguishes it from other psychotherapies is in my opinion between the analyzing function of the analyst and the observing, critical, and judging functions of the ego of the patient. It is, as Bibring expressed it many years ago (1953) and as more recently reaffirmed by Arlow and Brenner (1964), an alliance between the analyst and the *healthy* part of the patient's ego. It is more the "real" base and the real relationship in analysis than is the analyst's intention "to maintain and support" the patient in a manner derivative of the parent's response "to the anacletic situation of the child" (Gitelson, 1962). It is in fact, as stated above, the very deprivation and limitation of the latter which makes the more characteristic analytic transference neurosis possible. And it is *this* alliance, between the analyst and the *mature* islands still present in the patient's ego, which results in the analysis of the latter.

While the motive force for continuing analytic activity comes from the patient, from instinctual psychic energy seeking discharge as well as from ego forces striving for mastery

integration, the analyst serves as an auxiliary ego to keep this process going. In this capacity, however, the analyst serves very specific ego functions unique to the analytic situation and quite unlike the roles of other significant people who served as auxiliary egos during the patient's development. His function is quite different from that of the mother, who served as an auxiliary ego in a global fashion to supply whatever was needed during early critical periods of development when such protection was necessary; or of a teacher or other figures whose supplies to the patient's ego were largely of an educative nature.

In contrast with these, the analyst's service to the patient's ego is a limited and specialized one, to provide insight by furnishing interpretations. Depending on the nature of these interpretations, they accomplish different purposes. They may (a) by removing resistances, keep the analysis progressing (the patient's ego has both positive and negative attitudes towards the progress of the analysis); (b) by countering actual or potential anxiety, they elevate the anxiety threshold for the patient, thus permitting a wider range of psychic products to become available for analysis; and (c) by analyzing content, they add resources to the patient's ego towards solution of intrapsychic conflicts and the achievement of mastery and integration. This primary function of the analyst in the analytic process is in agreement with the formulation of Bibring (1954) who, after listing the variety of therapeutic methods and their corresponding technical manoeuvres operative in the entire range of psychotherapies, states that the hallmark of the psychoanalytic method is the supremacy within it of the production of insight via interpretation.

Before closing, I should like to comment briefly on several other mechanisms of therapy which are often spoken of or written about as though they are the central core of the analytic process and which I feel should be seen in their proper perspective. One of these is the school of thought which considers the centre of the analytic process to be the process of identification and attributes the results of psychoanalysis to be due to identification with the analyst. I personally do not feel that it is correct nor that it is germane to or consistent with the meaning of the psychoanalytic process, that the patient identifies with the character, values or "style" of the analyst. In brief, what would be more

accurate to say, and consonant with the formulation given above, is that it is the *analytic* functions of the analyst which are identified with, his rational, observing, understanding, objective, scientific view, i.e., his analytic ego. One might say that the patient's ego receives a didactic analysis by the analyst.

Another factor heard often enough to deserve comment is the opinion that analytic therapy takes place via the countertransference, which, because it exists, is often given a central place. This is particularly stressed by those who work with the more disturbed end of the patient spectrum, where countertransference complications are more prominent. Here a complication which, when it occurs, should be understood and eliminated, is sometimes treated instead as a necessary and desirable element, even as the central mechanism. Another claim, in this same vein, is that therapeutic understanding comes via empathic regression of the analyst along with the patient, even, to cite an extreme instance I recently heard described, to the point of mutual transient psychotic states and experiences. These formulations are at the opposite pole of what I have stressed above, that the analyst is the stabilizing, predictable, and unswerving object around which the patient's regressions and undulations can safely occur if they are to have the possibility of coming back.

This then is the analytic process, the subjecting to analysis by the patient, under the aegis and help of the analyst, of his unconscious intrapsychic conflicts, which I have described elsewhere (1967) as the "human core", and with which psychoanalysis is centrally concerned. The subject assigned covers too wide and deep an area to deal with all aspects of it to a satisfactory degree. I have elected in this presentation to concentrate on describing the mechanism which I feel exists at the core. Many other areas, which could rightfully be brought in as parts of the process, have either been dealt with scantily or not taken up at all. Thus, "working through" is certainly an integral and necessary phase of the analytic process, as is the termination phase. These have been dealt with elsewhere, the latter at the 1st Pan-American Congress. In keeping with my statement that the analytic process takes place in the patient, I would remind you of a statement I made at this latter Symposium on Termination (1966), that the analytic process, in its core meaning as given above, can and does outlive the analysis.

By incorporating into the ego the analytic functions of the analyst, self-analysis can survive the transference neurosis, and continue into the post-analytic phase. This is one of the gains of psychoanalysis. As Karush (1965) says about working through, when this really works, the shift in the structural balance of forces is always slightly different after each return to the original intrapsychic conflict. If the analytic process, with its working through and termination phases, really works in all its breadth and depth, we can aspire to achieve its goal which, to return to my original definition (1954), is that "there occurs a resolution of that neurosis (transference and infantile) to the end

of bringing about structural changes in the mental apparatus of the patient to make the latter capable of optimum adaptation to life".

Perhaps there can be more agreement among us as to what this analytic process is than about what is the crucial life content to be analyzed. If this turns out to be the case, as I suspect it might, let us capitalize on such a solid base of agreement and proceed with scientific vigour in both North American and South American psychoanalytic cultures to use our common methodology to continue to pursue empirical truth. In this we shall also share our common tradition in Freud and psychoanalysis.

REFERENCES

- ARLOW, J. A. and BRENNER, C. (1964). *Psychoanalytic Concepts and the Structural Theory*. (New York: Int. Univ. Press.)
- ARLOW, J. A. (1966). Discussion remarks in *Psychoanalysis in the Americas*, ed. Litman. (New York: Int. Univ. Press.)
- BIBRING, E. (1937). "Therapeutic results of psychoanalysis." *Int. J. Psychol.-Anal.*, 18.
- (1954). "Psychoanalysis and the dynamic psychotherapies." *J. Amer. Psychoanal. Assoc.*, 2.
- ERIKSON, E. H. (1950). *Childhood and Society*. (New York: Norton.)
- FREUD, A. (1965). *Normality and Pathology in Childhood*. (New York: Int. Univ. Press; London: Hogarth.)
- GILL, M. M. (1963). *Topography and Systems in Psychoanalytic Theory*. (New York: Int. Univ. Press.)
- GITELSON, M. (1962). "The curative factors in psycho-analysis." *Int. J. Psycho-Anal.*, 43.
- GREENSON, R. R. (1965). "The working alliance and the transference neurosis." *Psychoanal. Quart.*, 34.
- (1966). "That 'impossible' profession." *J. Amer. Psychoanal. Assoc.*, 14.
- HARTMANN, H. (1964). *Essays on Ego Psychology*. (New York: Int. Univ. Press; London: Hogarth.)
- KARUSH, A. (1965). Contribution to Panel on "Working through". Meeting of the Psychoanal. Assoc. of New York, November 1965.
- KRIS, E. (1932). "The psychology of caricature." In: *Psychoanalytic Explorations in Art*. (New York: Int. Univ. Press, 1952.)
- LEWIN, B. (1955). "Dream psychology and the analytic situation." *Psychoanal. Quart.*, 24.
- MENNINGER, K. (1958). *Theory of Psychoanalytic Technique*. (New York: Basic Books.)
- RANGELL, L. (1954). "Similarities and differences between psychoanalysis and dynamic psychotherapy." *J. Amer. Psychoanal. Assoc.*, 2.
- (1959). "The nature of conversion." *Amer. Psychoanal. Assoc.*, 7.
- (1963a). "The scope of intrapsychic conflict." *Psychoanal. Study Child*, 18.
- (1963b). "Structural problems in intrapsychic conflict." *Psychoanal. Study Child*, 18.
- (1965). "Some comments on psychoanalytic nosology: with recommendations for improvement." In: *Drives, Affects, Behavior*, ed. Schur. (New York: Int. Univ. Press.)
- (1966). "An overview of the ending of analysis." In: *Psychoanalysis in the Americas*, ed. Litman. (New York: Int. Univ. Press.)
- (1967). "Psychoanalysis, affects, and the 'human core': on the relationship of psychoanalysis to the behavioral sciences." *Psychoanal. Quart.*, 34.
- RAPAPORT, D. (1960). *The Structure of Psychoanalytic Theory*. (New York: Int. Univ. Press.)
- STONE, L. (1961). *The Psychoanalytic Situation*. (New York: Int. Univ. Press.)
- ZETZEL, E. R. (1956). "Current concepts of transference." *Int. J. Psycho-Anal.*, 37.
- (1966a). "The analytic situation." In: *Psychoanalysis in the Americas*, ed. Litman. (New York: Int. Univ. Press.)
- (1966b). "The analytic process." Contribution to the Symposium at the 2nd Panamerican Congress for Psychoanalysis, Buenos Aires.

A PROVISIONAL THEORY OF ÆTIOLOGY IN MALE HOMOSEXUALITY

A CASE OF PREOEDIPAL ORIGIN¹

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This paper, in the tradition of the search for psychical origins, puts forth a theory based on the intensive study, research, and individual analyses of homosexual patients for the past twelve years. It is restricted to my findings as to the origin of overt male homosexuality of the obligatory type, not due to situational or variational motivations, where non-engagement in homosexual practices would induce intolerable anxiety. There may well be homosexuals in whom these very early disturbances play either no role or only a subsidiary one. Such cases have been widely reported in the literature and it is usually accepted that they do not have as their determining nuclear psychopathology a psychic organization which is fixated in the earliest years of life.

The preoedipal theory rests on two pillars. The first is the presence of a fixation in the undifferentiated phase of development, a concept originally introduced by Fleischmann in 1959. The second is the utilization and application of the Hans Sachs (1923) mechanism of sexual perversion. The aim of this paper is to emphasize that according to my observations the genesis of homosexuality may well be the result of disturbances which occur earlier than has been generally assumed—in the so-called “undifferentiated phase” (Fleischmann). This phase is not truly undifferentiated but is already manifesting important beginnings of structure formation (Arlow and Brenner, 1964; Hartmann, Kris and Loewenstein, 1946). Fixation to the mother and the characteristically narcissistic object choice of the homosexual may be traced back to the undifferentiated phase of the mother-child unity. It may be assumed that relations as they develop out of the original unity in the undifferentiated

phase are the forerunners of later object relations. Qualitative and quantitative factors, specifically the divergent tendencies in the separation processes beginning at birth—one leading to separateness and differentiation and the other toward retaining the primitive state of the original unity—leave their imprint on the developing modes of instinctual manifestations and on ego formation. They exercise a determining influence in the structuring of the introjects and their subsequent projective dramatization in the external world.

The fantasies and latent dream thoughts of the adult about his earliest experiences are representative of what once was the earliest reality. Thus external situations become internalized in the structure of the ego. Introjection and projection are ego building mechanisms of the infant, becoming, through change of function, defensive devices of the child's developing ego.

The *normal child* must find his own identity as a prerequisite to the onset of both true object relations and partial identifications with his parents (cf. Jacobson, 1950). *To the homosexual*, the mother has, in infancy, been, on the one hand, dangerous and frightening, forcing separation, threatening the infant with loss of love and care; on the other hand, the mother's conscious and unconscious tendencies were felt as working against separation. Anxiety and frustration press for withdrawal of libidinal cathexis from the mother and result in a shift of libido economy toward increased aggression. This image of the introjected mother leads to a rupture (split) in the ego. In his narcissistic object choice, the homosexual not only loves his partner as he himself wished to be loved by the mother, but

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reacts to him with sadistic aggression as once experienced toward the hostile mother for forcing separation.

The unconscious hostility reinforces the denial of any loving and giving aspects of the mother. The homosexual seeks to rediscover in his object choice—in the most distorted ways—the primary reality of his narcissistic relationship with the different images of the mother (and later of the father) as they were first experienced. The first introjection of the mother image predisposes the pattern of later introjections.

Homosexuality, therefore, can be seen as a resolution of the separation from the mother by running away from all women. In fantasies and actions, in reality, in the compulsive hunting for partners, the homosexual is unconsciously searching for the lost objects, seeking to find the narcissistic relationships he once experienced in the mother-child symbiosis. The homosexual is trying to undo the separation and also remain close to his mother in a substitutive way, by using the male. He is trying to be one with her and to seek out the reduplication of himself as an object. This is performed through substitution, displacement, repression as described by Hans Sachs. The mounting evidence of pre-oedipal conflicts as the causative factor in the formation of homosexuality has required the pinpointing of a mechanism by which conflict could be transformed into homosexuality. In 1923, Sachs provided psychoanalysis with the first valid explanation of the *mechanism* of sexual perversion. This discovery has not been widely applied to clinical material and the paper has remained untranslated.

The Sachs Mechanism

In homosexuality a particularly suitable portion of the infantile experience or fantasy is preserved through the vicissitudes of childhood and puberty and remains in the conscious mind. The rest of the representatives of the instinctual drives have succumbed to repression instigated by their all too strong need for gratification or stimulation. The pleasurable sensations belonging to infantile sexuality in general are now displaced onto the conscious "suitable portion of infantile experience". This *conscious suitable portion* is now supported and endowed with a high pleasure reward—so high, indeed, that it competes successfully with the primacy of the genitals. What makes this fragment particularly suitable? The pregenital stage of development upon which the homosexual is especially strongly

fixated must be included in it; and it must be some *special relationship to the ego* which allows this particular fragment to escape repression.

In obsessional neuroses we know it is the gap between affect and thought, but in homosexuality the conscious is by no means indifferent; on the contrary, a high pleasure reward is experienced. We are therefore dealing with something special, something else, to which the phenomenon of homosexuality is related. One must remember that in the ego itself unconscious elements are present, e.g., guilt and resistance. Instinctual drives themselves are in a continual struggle through the developmental stages of life. The complete subjugation of one which grants much pleasure may not be completely possible. We often what we have to resign ourselves to is a *compromise*, allowing pleasure to remain in a partial complex to be taken up into the ego and to be sanctioned while the remaining components are detached and are repressed more easily. This separation or split

in which the one piece (of infantile sexuality) enters into the service of the repression and thus carries over into the ego the pleasure of a pregenital stage of development, while the rest falls a victim to repression, appears to be the mechanism of perversion (Sachs, 1923).

We know that the most difficult work of repression is almost always the detachment from the infantile object choice, the Oedipus complex and the castration complex. The partial development does not continue directly into a perversion of homosexuality but only after it has passed through the permutations of the oedipal conflict. This is a kind of working over that wipes out traces of the Oedipus complex, eliminates, for example, the important individuals involved, eliminates one's own self-involvement, and the end product becomes the perverse fantasy. It enters consciousness and can yield pleasure.

It would follow that fantasies which lie outside the circle of infantile sexual gratification present themselves as a "way out". For instance, in male homosexuality there is an extremely strong fixation on the mother which cannot be dealt with. The end result becomes a fixation on one's own sex as a result of narcissism and in a retreat from later castration anxiety. This is incorporated into the ego and is acceptable to the ego.

In essence there has been taken over into the ego a portion of what would otherwise be repressed. Nonetheless, the rest of the repressed

portion may still remain strong enough so that in the course of life it may threaten a breakthrough and the homosexual may, at any time, develop neurotic symptoms.

In homosexuality the instinctual gratification takes place in a disguised form while its real content remains unconscious. We must constantly re-emphasize that we are not dealing with an aspect of infantile sexuality which was allowed into consciousness and which the ego could somehow tolerate; the homosexual symptom does not come about simply because the boy, once disturbed in his sexuality by castration fear, regressed to that component of his infantile sexuality which once in childhood gave him security or at least reassurance against his fears and at the same time obtained orgasmic relief. We must keep in mind that the over-emphasis on the infantile expression of his sexuality simultaneously serves to reassure him and to maintain a repression of his oedipal conflicts and other ward-off remnants of infantile sexuality. This is a partial repression of infantile sexuality wherein other parts are exaggerated. Repression itself is facilitated in homosexuality through the added dividend of some other aspect of infantile sexuality being *consciously stressed*.

To recapitulate: homosexuality is a living relic of the past, testifying to the fact that there was once a conflict involving an especially strongly developed component instinct in which complete victory was impossible for the ego and repression was only partially successful. The ego had to be content with the compromise of repressing the greater part of infantile libidinal strivings (primary identification with the mother, intense unneutralized aggression toward her, dread of separation) at the expense of sanctioning and taking into itself the smaller part.

The repression of wishes to penetrate the mother's body or the wish to suck and incorporate and injure the mother's breast undergoes repression. In these instances a piece of infantile libidinal strivings has entered the service of repression through displacement and substitution. Instead of the mother's body being penetrated, sucked, injured, incorporated, it is the male partner's body which undergoes this fate; instead of the mother's breast, it is the penis with which the patient interacts. Perversion thus becomes the choice of the lesser evil.

Two defense mechanisms, identification and substitution, play a crucial part in the framework of the above structure. The homosexual makes an identification with the masculinity of his

partner in the sexual act. In order to defend himself against the positive Oedipus complex, that is, his love for his mother and hatred for his father and punitive aggressive drives toward the body of his mother, the homosexual substitutes the partner's body and penis for the mother's breast. Homosexuals desperately need and seek a contact whenever they feel weakened, frightened, depleted, guilty, ashamed, or in any way helpless or powerless. In the patients' words, they want their "shot" of masculinity. They then feel miraculously well and strengthened and thereby avoid disintegrative phenomena. They instantaneously feel reintegrated upon achieving orgasm with a male partner. All their pain, fear and weakness disappear; they feel well and whole again.

The male partners whom they pursue are *representatives* of their own self in relation to an active phallic mother. There are two parts to this concept. The first is an identification with a partner of the same sex. In this way they achieve masculinity through identification with the partner's penis. The man chosen as a partner represents one's forfeited masculinity regained. Marked improvement in therapy is seen subsequent to the patient's recognition of these primitive mechanisms.

The second part concerns the maternal breast: the penis of the male partner becomes the substitute for the mother's breast. In every homosexual encounter there is a hidden continuation of the close tie to the mother through the breast-penis equation. The reassuring presence of the penis in place of the breast allows the homosexual to feel that he is faithful and loyal to and simultaneously maintaining the tie to the mother but at a safe distance from her. He divests himself of oedipal guilt by demonstrating to her that he could have no possible interest in other females. He is interested only in men. Furthermore, he is protecting the mother against the onslaught of other men's penises, allowing penetration into himself instead.

The homosexual comes to realize in later phases of treatment that he is engaged in an act of major self-deception, having been victimized into sexual activity with individuals of the same sex by certain intricate psychic transformations. He has not given up his maleness at all; he urgently and desperately wants to be a man but is able to do this only by transiently identifying with the masculinity and penis of his partner in the sexual act.

Homosexuality thus serves to protect the personality against regression. If homosexual

behaviour did not occur the patient would proceed to the extreme of regression which would lead to a reinstating of the undifferentiated phase with loss of ego boundaries and dissolution of self. Overt homosexuality is crucial for the survival of the ego when it is faced with the catastrophic situation of imminent merging with the mother and the pull toward the undifferentiated phase of development.

The Preoedipal Nuclear Conflict

The obligatory homosexual has been unable to make the progression from the mother-child unity of earliest infancy to individuation. As a result there exists a fixation, with the concomitant tendency to regression, to the earliest mother-child relationship. This is manifested as a threat of personal annihilation, loss of ego boundaries and sense of fragmentation. Data gleaned from direct observation studies by child analysts, particularly Mahler and Gosliner (1955) and Spitz (1959), provide support of my thesis on the importance of the separation-individuation phase and disturbances in it for homosexuality.

Spitz's observations can be applied to the problem of the early development of the homosexual. He has failed to make the separation from the mother at the proper stage of development and as a result there remains a chronic intrapsychic stimulation or fixation point to which he remains fixed despite other developmental maturational phases that he may have in part successfully passed. In these maturational positions there have been compensating and deviant structures formed because of the infantile deficiency, in an attempt to make up for the deficiencies. These structures are intimately concerned with identification, faulty ego boundaries, introjective and projective anxieties, fears of invasion and of engulfment.

Illustrative Case Material

A 30-year-old, highly intelligent, personable, talented professional man experienced periods of "confusion", depression and a progressive build-up of homosexual desire with resultant intense anxiety. His first homosexual experience, at the age of 26, came about in the context of great fear of his mother's return from abroad. During her absence he had failed his graduate examinations and anticipated her anger and disappointment at him. He was concurrently troubled by a relationship with a girl, intended by him to remain quite superficial, which was now leading to insistence on her part to sexual

intimacy, even the idea of which he dreaded. He complained that the "pressure" on him was intense that he had developed fits of crying dependency with "rolling on the floor agony". Since the first incident he had engaged in numerous episodes of homosexuality, usually with older partners. His father had left the household when the patient was 6, after marital discord. Although never divorced, parents had not again lived together and father and son had only intermittent contact. The father, an alcoholic, often referred to the son as a "sissy" and would try to shock the son by the use of salacious, coarse, and vulgar conversation.

Even early in therapy he felt that his homosexual problem must somehow be tied up with his mother and his feeling toward her. "There is a big 'voltage' toward my mother . . . a strong resentment against her and a tremendous dependency." Starting in his late teens he had compulsive episodes of hair-dyeing and occasions on which he would shave all the hair off his body except that on his head and pubic region. This signified his wish to become a woman.

Soon after beginning analysis he came to conclusions regarding his homosexual behaviour: that perhaps it was a way of controlling men so that they did not attack him, especially when he felt vulnerable, e.g., following the loss of a job. Furthermore, he felt that homosexual act sometimes saved him from a strange sort of chaotic, mysterious fragmentation of himself: "I will fall apart if I don't have sex. Magically, after homosexual intercourse, he is relieved, whole, and strong. He sometimes experienced a split in himself, "like two selves existing", and that he did not know who he was. He noticed that homosexual feelings came on whenever he was afraid of his mother "turning round and engulfing me". He experienced a weird excitement when his mother approached him suddenly, particularly if he was half asleep or she unexpectedly walked into his bedroom. This excitement proceeded on a number of occasions to an overt sexual feeling of which he was "terribly frightened". At the same time this had an admixture of aggression: "I don't know quite what I would do to her . . . either have intercourse with her or, perhaps, murder her."

Often the onset of homosexual desires would be ushered in with severe shudders and chills. "I have to run to the Turkish bath for sex. Then I suddenly feel better. I have a feeling of

m acting like a girl. I'm like my mother. The nal business is the only thing that satisfies me. before I go I feel, somehow, I'm going to be ngulfed or that I may lose my mind. This e-establishes me." When weak and defenceless he patient regressed to the undifferentiated eriod of development, with sensations of being ngulfed and losing himself in the mother. He established masculine identification by uniting with the male and his penis in homosexual intercourse. He thereby reconstituted his ego.

The attacks of confusion were especially prevalent during the first two years of analysis. They would begin with extremely severe tension headaches, occasionally one-sided and migrainous in nature. At these times he felt he might "crack up" or fragment into a "million pieces". He felt a loss of direction and orientation. Lights became exceedingly bright. The room sometimes appeared to shift somewhat and he became frightened. "I feel terribly sick. It's sort of terrible fright and then a compulsion to homosexual activity . . . Somehow it's like I'm going to be destroyed or I'm going to be attacked and I'm in terrible danger." Shivers and shudders shook his body and he would get into bed and pull the covers over his head and assume a foetal-like position. "It feels like if I don't then go to the homosexual activity I cannot preserve myself. Maybe if I don't I may go insane. It's not an indulgence at all that I do, but I have to do it. I might explode or go crazy."

These attacks occurred in the general setting of insecurity, feelings of weakness, loss of power, threats of loss of mother, her anger or disapproval of him and her "coming at me", and anything perceived as a threat from the external world. When these attacks occurred he was afraid to move or unwilling to at first. His mind suddenly "feels fatigued"; his bodily reactions became uncontrolled. "The idea of something lumping all through my body as if my heart suddenly hits a bit harder, as if I'm terribly hungry, and suddenly I'm conscious of all the blood in my stomach." This is followed by impulses to act irrationally "like I might want to kill you. I know you're not going to attack me but I somehow feel this or fear this, and I'm frightened also of myself".

He had strange feelings that he would swallow parts of his body such as his hand or his foot. He felt he would lose part of his face or be separated from his face, or that in "separating" from his face another face would be found to exist beneath it. These reactions were affects and

sensations accompanying his regression to the undifferentiated phase. In this one saw autonomic reactions such as visceral reactions including cardiac sensations, splitting of the ego, a feeling of generalized collapse, pervasive panic, loss of identity, and fears of engulfment. "These feelings disorganize every thought I have and homosexuality is my only outlet. They go all over my body and seem to sweep through all my nerve centres. I feel it everywhere. It can be compared to water rushing through the rooms of a house. It activates certain things first, like certain centres, first my stomach, then my head, and I don't feel two things simultaneously. Within an hour or two my hands are trembling. There's tension in the pit of my stomach, a diarrhoea feeling, a terrible feeling at the base of my spine, a pain. And also, strangely enough, a feeling of intense genital excitement. My headaches then begin and are very intense and I'm almost in a state of hysteria. I feel aches and pains and I feel mad and disgusted with myself but I can't calm my mind. I am completely dead, too, completely automatic, a robot."

Later in the analysis the interrelationship between the regressive phenomenon, its precipitants and the homosexual solution to the dangers of regression to the undifferentiated phase could be readily discerned. The regression was obviously activated by any attempt to seek closer contact with the mother. The danger of an intensification of his closeness to her was that he would be forced into the affective state of his preoedipal fixation. He had never succeeded in making the separation from the mother and now any desire to get closer to her than the guarded optimal distance which allowed partial satisfaction produced the cataclysmic and catastrophic fear of merging with her.

To illustrate, I received an emergency call from the patient on a week-end when he had planned to be out-of-town at his mother's country home asking for an immediate appointment. When he arrived he was distraught, flushed in face, severely agitated and complaining of excruciating headache. He was nearly screaming and alternated between crying and a bitter, childlike half-laughter. Tears streamed down his face. He was unkempt and would tend to fall from the couch to the floor. His mother had been extremely angry at him for wanting to return to the city as she would not be able to see him again for three or four weeks. "I felt as if mother were saying that if I left her she'd leave

me to Daddy. She compared me to him, how thoughtless I was. The night before this I had dreams in which my teeth were all knocked out and were rotten and falling."

He felt apprehensive on his drive back to the city. His mother had misplaced her automobile licence and just before he left had asked him to look for it in her bureau drawers. Upon entering the bedroom he opened the drawers only to find the lingerie and underwear mixed up as if they had been thrown in there. He compared it to a garbage-can fantasy he used to have as a child. In this fantasy he was immersed in garbage up to his mouth. This always aroused disgust and extreme fright. He said, "This is the garbage-can, the underwear thrown into drawers, this is like being *inside her*. I began breathing very hard as if I were inside her and I felt sick to my stomach and as if I would be compressed and choke and die. I think I'm going to faint now, like I'm going in under an anaesthetic." The patient began to scream and cry uncontrollably. "I've got to get back myself. I'm losing myself. And then before that I laid down on the bed, her bed, and then I felt I would be engulfed and swallowed up."

At this point, his hands clenched, the patient moved his head and rocked back and forth. He choked, sputtered and cried. He felt better crying as if that somehow restored himself to himself. He continued sobbing. He felt terrible and recalled that he had felt like this numerous times before. He suddenly began to roll on the floor. Finally he was induced to rise but slumped and collapsed on the couch. "I'm a child, I'm a child. Mommie is coming back to the room. She's got to come back. I think I'm yelling, it's a funny yell, like a child's yell. I think it's rage." The patient could quite easily be brought back to reality while making these utterances although he would easily slip back into his affective state. "I have a terrible ear abscess and the pain, it's terrible, and I'm yelling now, a terrible abscess and the pain won't go away. This happened when I was two, I was told. It's like you've given me some sodium pentathol and I'm under. I'm just as glad you did. This has been in the back of all things, this state. This is what I'm afraid of, that I'll sink into this. It is Mommie, if only she would come back to me."

The patient's voice was now that of a baby. "If she'd only understand me, protect me." He was pleading, whimpering, crying, face contorted, eyes staring, and wild looking. "She must protect me. She said this morning she'd

leave me to Daddy. Yes, this is what I've been afraid of, that Daddy would kill me and that he would leave me. I kept wanting to turn back to go to her but my mind just became blank occasionally. I said I won't. It's such a private thing. I keep on thinking I am drooling like a baby. Was I drooling? I was never allowed to chew the blanket. My mother saying, 'Don't chew the blanket'—something to do with losing my teeth. Last night I felt some of this, some of her disapproval. I must be under an anaesthetic. It's as if I were under ether. It's all true what she said, it's like losing myself, like I'm all nowhere. The picture I have is a wish to lie in her mother's arms and her loving and her enfolding me but it scares me. The conflict is I want to be close to her terribly but we can't because of the business. It's a childish thing. I want it desperately but it links through all this with the fright of a sexual thing. When I went into the drawers the childish impulse . . . I see the drawers and I feel a terrible impulse to get inside her, not intercourse like, I've thought of touching her, entering her. I remember I would never open her pocketbook or any of her drawers. I actually was acting out the rejoining of her and I could not do it. Before I came here I tried to stop it all. I bought some peroxide for my hair and then I realized I shouldn't do this any more. I washed it out. Then I felt terribly depressed and I can't change my sex. I thought I'd try to go back to lie on her bed and I'd die there, like I was there like in her arms . . . and I looked at myself in the mirror and was shaking and I felt, 'You bitch'."

The patient felt that he actually became a baby. The screams and sounds were those he felt when he had had a mastoid and when he feared both his mother and father as a child. In this scene he enacted his fear of abandonment and his inability to separate from his mother. Concomitantly there was a desire to merge with her but this was mixed with all the fear of personal dissolution and self-destruction. His mother's threat to "give him over to Daddy" caused an intensification of his wish to be close to her with an ultimate joining with her and merging with her. This gave rise to some feelings of anxiety as he approached the final undifferentiated stage. The wish to merge became the fear of merging, the fear of explosion, the fear of dying, the fear of personal annihilation.

By an explanation of these factors the patient became restored to his former self; the regression

stopped due to elucidation of the material and the transference relationship to the analyst. There was a tendency for it to reappear the next day but upon telephoning me the threat of personal dissolution vanished immediately. In actuality his pain and fear of abandonment, the fear of being left with the father, led him to the wish to merge forcibly into the mother as the only way to find security. The pull to undergo such regression was determined in early childhood due to his failure to make the differentiation and separation from his mother. This wish is a terrifying one as it involves the complete loss of self.

To ward off this catastrophic danger he instituted homosexuality—this being achieved by the Sachs mechanism of homosexual actualization. The homosexuality (i) reassured him against ego dissolution; (ii) was a substitute for a reunion with the mother; (iii) allowed for the expression, alleviation and discharge of severe aggression aroused by the imperative need to merge. Therefore, it was the lesser danger compared to merging with the mother.

The patient had been unable to pass through that developmental phase in which he would have established his separate identity and individualness. This deficit in development leads to profound difficulties, e.g., female identification, a fluidity of ego boundaries, impairment of body ego, introjective and projective anxieties, fluctuating states of object relationships. Out of the inability to separate and the wish to identify which continued in the unconscious all these years came a *threat of identifying* and a *threat of merging*, a *threat of being annihilated* and a *threat of what would happen to him* if he retreated inside the maternal body. The fear that crystallized was then compounded by castration fears of the oedipal period.

In his passage through the infantile sexual period the patient utilized the polymorphous-perverse characteristics of that stage to relate changeably to sexual objects and indiscriminately to part objects. He substituted the male for the female, the penis for the dreaded breast and genitalia of the maternal body.

The patient entered late childhood with an inhibition of self-assertion and a profound female identification. This strong inhibition of his male sexuality insured his avoidance of the female and the merging phenomenon. He obtained his masculinity, his penis and love from a man and he thereby avoided the dangers connected with mother but still gratified his wish

to remain close to her. In his homosexuality he tried to rid himself of the damaging destructive union with mother and attempted to ward off his incorporative introjective needs. When the pressures of psychosexual adaptation in the masculine role became too intense regression to the undifferentiated period began. The great dangers imminent in this regression led to homosexual behaviour and proved to be the origin of the homosexuality.

Conclusion

This provisional theory suggests that the nuclear conflicts of obligatory homosexuals derive from the earliest period of life forcing them into choosing partners of the same sex for ego survival. According to this author's observations, the preoedipal homosexual has been unable to pass successfully through the symbiotic and the separation-individuation phases of early childhood. As a result of this maturational (psychological) developmental failure there are severe ego deficits. Homosexuality serves the repression of a pivotal nuclear complex: the drive to regress to a preoedipal fixation in which there is a desire for and dread of merging with mother in order to reinstate the primitive mother-child unity.

In the mother-child unity one can discern (i) a wish for and fear of incorporation; (ii) a threatened loss of personal identity and personal dissolution; (iii) guilt feelings because of a desire to invade the body of the mother; (iv) an intense desire to cling to the mother which later develops into a wish for and fear of incestuous relations with her; (v) intense aggression of a primitive nature toward the mother.

At a conscious level the patient attempts to compensate for his primary nuclear conflict by certain activities designed to enclose, ward off and encyst the isolated affective state of the mother-child unity. Therefore (i) he does not approach any other woman, especially sexually, as this will activate the fear of the mother-child unity; (ii) he does not attempt to "leave" mother because this would only provoke engulfing, incorporative tendencies on her part. Any attempt by him to separate produces an exacerbation of his unconscious ties. He therefore attempts to keep the "safest closeness" to her all the while remaining asexual as regards other females; (iii) all sexual satisfactions are carried out through substitution, displacement and other defence mechanisms; (iv) having already made a female identification he restores

strength through transitory male identification with his male partner; (v) while substituting a man for sexual intercourse he is unconsciously enjoying sexual closeness to both mother and father simultaneously. The homosexual's life and development are designed to forestall and prevent the realization of this powerful affective state. Homosexual behaviour is the solution to the intolerable anxiety connected with the pull to return to the amorphous, undifferentiated phase of ego development. The homosexual object choice (achieved through the Sachs mechanism) is crucial to the repression of the basic conflict: the fear and dread of mother-child unity.

Discussion

I am aware that a conclusive statement on the preoedipal origin of homosexuality must remain provisional until such time as it has been validated by further investigation. Five additional cases of full-scale psychoanalyses with similar findings have been studied and are reported on in a recently published volume (Socarides, 1968).

As was enunciated by the panel on "Some Theoretical Aspects of Early Psychic Functioning" (Rubinfine, 1959):

The validation, amplification and extension of psychoanalytic theories of earliest psychic functioning can be expected from meticulously observed and collected developmental data on the one hand, and the reconstructive work of child and adult analysis on the other. The developmental data are used for the formation of developmental theories which converge with or diverge from the theories formed from the work of reconstruction, and they thus naturally correct, validate, and amplify each other.

I have attempted a clear differentiation between data and theory, utilizing direct infant observation by child analysts whose investigations consisted of delineating the early maturational failures and vicissitudes of child development (Mahler and Gosliner, 1955; Spitz, 1959). In validating any hypothesis one must use all available sources of study. In this instance these included: (i) reconstruction from the analysis of children; (ii) direct observation; (iii) a longitudinal long-range developmental study.

Manifest symptom formation has been assumed to be the result of oedipal conflict while mechanisms of character formation have been ascribed almost exclusively to results of fixation to pregenital libidinal organization (Rosen,

1957). Studies of the earliest periods of life have yielded valuable germinal data as to ego states and ego development, e.g., Lewin's dream screen; the Isakower phenomenon; Rangell's work on poise and the snout or perioral region; Hoffer's findings as to mouth-and-hand integration.

The oedipal phase retains its position as the

funnel through which pregenital influences must pass in order to leave their imprint upon both character and neurotic symptom formation in the adult. (Rosen, 1957)

The necessary condition for the development of

a neurosis is intrapsychic conflict and that intrapsychic conflict presupposes the existence of a psychic structure. It is during the preoedipal phase that decisive influences come to bear on psychic structuralization . . . Preoedipal factors in neurogenesis must be assessed from the point of view of how they retard or advance the development of the structural elements of the psychic apparatus . . . and more detailed investigation of specific ego failures is necessary (*ibid*).

Symptom neurosis should not be considered comparable to the result of early developmental arrest or ego deformity.

Berliner (1957) has noted that there is a great difference between preoedipal and oedipal parental figures. Characteristically, preoedipal conflicts produce a disturbance in the sense of one's own identity and constitute evidence of a severe ego disturbance. In all cases of homosexuality the sense of identity is lost, floundering or severely obscured.

This panel (Rosen, 1957) culminated in an all-important observation:

If any one point is to be underscored, it would be that in regard to the general problem of the preoedipal phase we have no such well-formulated concepts of childhood development as we have in the later phases.

Turning our investigative attention to the preoedipal period as a probable source of homosexuality may expand our general knowledge of this phase of development.

It is necessary to consider whether or not there are two forms of homosexuality of the obligatory type: the one arising from oedipal phase conflict and signifying that the phenomena observed in homosexuals, their acts, dreams, fantasies, and other symptoms, are due to a regression to a

previous phase of development; the other, a preoedipal form in which the preoedipal fixation is of prime importance and which constantly dominates the life of the individual in his search for identity. In the oedipal form it would be implicit that the dangers of the oedipal phase so disrupt an already formed identity that a regression occurs to early infantile periods as an escape from the dangers of the oedipal phase. An alternative course would be to handle such dangers by the adoption of a negative oedipal attitude. The preoedipal formulation of aetiology would therefore be applicable only to the homosexuals who are borderline psychotics.

Such a compromise by division is not suggested or indicated by my clinical experience. It is my opinion that the contribution of the preoedipal phase is basic to the problem of identity, a matter central to the homosexual's difficulties. In his paper on "Aggression and Perversion", Bak (1956) wrote:

The frequent coexistence of schizophrenic symptoms with perversions indicates a common fixation point in the undifferentiated phase and in defenses against unneutralized aggression; the perverse symptoms represent an attempt at restitution of the narcissistic object relationship,

comments which closely accord with my views.

Handelsman (1965) is also of the opinion that homosexuality may be explained by its relationship to the autistic and symbiotic modes of adaptation:

The fear of engulfment may lead to a partial regression to or to a fixation at the autistic phase in order to ward off the feeling of dissolution of the self representation . . . It is as if the male partner were the father to whom the son is looking for salvation from engulfment.

Should my hypothesis prove correct by further validation it would appear that homosexuality is a transitional condition somewhere between the psychoses, the borderline psychoses and/or the neuroses. This is in accordance with the views of Glover (1933) as to the position of the homosexual symptom in our classificatory system.

It should be noted that Gillespie (1956) explains the relationship to psychoses in a different manner. He has suggested

that strong castration anxiety leads to a partial regression to pregenital levels, thus accounting for the affinity of some perversions to psychosis. A

successful perversion evades psychosis by means of a split in the ego, which leaves a relatively normal part capable of coping with external reality while allowing the regressed part to behave in the limited sexual sphere in a psychotic manner. This implies not merely a libidinal regression but also a regression of the ego and of its relations to objects, of the nature of anxieties and of its means of defense against them. The ego regresses in part to a stage characterized not only by splitting of the ego but also by splitting of the object.

There are certain findings which indicate that an individual may be suffering from a fixation to a preoedipal conflict rather than a regression to it due to oedipal conflict with castration fear. The latter becomes therefore a secondary line of defence against deeper fears. Preoedipal fantasies serve as a defence against the emergence of oedipal material and *vice versa*. Hoffer (1954) has aptly described these phenomena under the heading of defence organization. Thus castration anxiety, the direct result of the oedipal conflict, may be utilized also as a defence against anxieties of the preoedipal phase. Likewise preoedipal drives may have a defensive importance in warding off oedipal wishes and fears. There is always an interplay between the two.

Findings which indicate preoedipal fixation are:

(i) There is a *primary identification with the mother with severe gender confusion*. It is well known that following the birth of the child the biological oneness with the mother is replaced by a primitive identification with her. The child must proceed from the security of identification and oneness with the mother to active competent separateness and male (phallic) striving. If this task proves too difficult, pathological defences, especially an increased aggressiveness, may result. These developments are of the greatest importance for the solution of conflicts appearing in the oedipal phase and in later life. In the oedipal phase, under the pressure of the castration fear, an additional type of identification with the mother in a form of *passive feminine wishes for the father* is likely to take place. However, beneath this feminine position in relation to the father one may often uncover the *original passive relation with the mother, i.e., an active feminine preoedipal identification*.

(ii) Intense anxiety upon attempting separation from the mother is experienced by these patients, a state evident before the age of 3 and persisting unabatedly throughout life.

(iii) The patients' general behaviour is markedly childish and remembering is often replaced by acting out. Preoedipal material is closely linked with particular traits characteristic of the object relations of that phase of development, e.g., oral and anal fantasies and practices.

(iv) There is a severe disturbance in the sense of ego boundaries and body image.

(v) The presence of oral incorporative, oral aggressive complexes which largely dominate the patient's life is evident, which may result in oral delusional formations, dreams of internal persecuting objects, fears of poisoning, fears of being swallowed.

Preoedipal homosexuality therefore constitutes early developmental arrest or ego deformity. In some the fixation is less than in others (quantitative factor). Patients regress to those conflicts which have left a weak point or scar formation upon meeting the vicissitudes of later development, especially the oedipal period, and the greater the oedipal weakness the stronger the tendency to deep regression to the preoedipal period with the danger of psychotic-like manifestations and symptomatology. The tendency

toward regression is also dependent upon the strength of the ego and superego formations. Therefore, some obligatory homosexuals may not portray the merging phenomenon as vividly as exemplified in this patient—the threat of disintegration and the psychotic-like elaboration of anxiety. However, the merging phenomenon may be seen in its derivative forms, e.g., the fears of being surrounded by snakes, being swept into whirlpools, being enclosed in caves, etc.

Some patients may never approach the merging phenomenon with its danger of regression to the undifferentiated stage of development, especially if they do not seriously attempt to interrupt their homosexual practices. Other homosexuals, greatly fearing to face this overwhelming anxiety will prematurely terminate psychoanalytic therapy in a period of resistance and with many rationalizations for premature interruption. Some of the latter will return to therapy for shorter or longer periods of time to relieve their suffering, only again to escape from facing the deepest conflicts. The failure successfully to resolve these is largely responsible for the inevitable later continuance of homosexual practices.

REFERENCES

- ARLOW, J. A. and BRENNER, C. (1964). *Psychoanalytic Concepts and the Structural Theory*. (New York: Int. Univ. Press.)
- BAK, R. C. (1956). "Aggression and perversion." In: *Perversions: Psychodynamics and Therapy*, ed. S. Lorand. (New York: Random House.)
- BERLINER, B. (1957). Panel report: Preoedipal factors in neurogenesis. (see Rosen, 1957).
- BYCHOWSKI, G. (1945). "The ego in homosexuals." *Int. J. Psycho-Anal.*, 26.
- (1959). "The ego and the object of the homosexual." Panel report: Theoretical and clinical aspects of overt male homosexuality. (see Socarides, 1960b).
- FLEISCHMANN, O. (1959). "Comments on the 'choice of homosexuality' in males." Panel report: theoretical and clinical aspects of overt male homosexuality. (see Socarides, 1960b).
- FREUD, S. (1905). *Three Essays on the Theory of Sexuality*. *S.E.*, 7.
- (1919). "A child is being beaten." *S.E.*, 17.
- (1922). "Some neurotic mechanisms in jealousy, paranoia, and homosexuality." *S.E.*, 18.
- (1940). *An Outline of Psycho-Analysis*. *S.E.*, 23.
- GILLESPIE, W. H. (1956). "The structure and etiology of sexual perversions." In: *Perversions: Psychodynamics and Therapy*, ed. S. Lorand. (New York: Random House.)
- GLOVER, E. (1933). "The relation of perversion formation to the development of reality sense." *Int. J. Psycho-Anal.*, 14.
- HANDELSMAN, I. (1965). "The effects of early object relationships on sexual development: autistic and symbiotic modes of adaptation." *Psychoanal. Study Child*, 20.
- HARTMANN, H., KRIS, E. and LOEWENSTEIN, R. M. (1946). "Comments on the formation of psychic structure." In: *Papers on Psychoanalytic Psychology*. (New York: Int. Univ. Press, 1964).
- HEIMANN, P. (1951). "A contribution to the re-evaluation of the Oedipus complex—the early stages." In: *New Directions in Psychoanalysis*, ed. M. Klein, P. Heimann, R. E. Money-Kyrle. (New York: Basic Books, 1955.)
- HOFFER, W. (1954). "Defence process and defence organization: their place in psychoanalytic technique." *Int. J. Psycho-Anal.*, 35.
- JACOBSON, E. (1964). *The Self and the Object World*. (New York: Int. Univ. Press.)
- (1950). "Development of the wish for a child in boys." *Psychoanal. Study Child*, 5.
- KLEIN, M. (1946). "Notes on some schizoid mechanisms." In: *Developments in Psycho-Analysis*, ed. J. Riviere. (London: Hogarth Press, 1952.)
- LAMPL-DE GROOT, J. (1946). "The preoedipal phase in the development of the male child." *Psychoanal. Study Child*, 2.

MAHLER, M. S. and GOSLINER, B. J. (1955). "On symbiotic child psychosis: genetic, dynamic and restitutive aspects." *Psychoanal. Study Child*, 10.

ROSEN, V. H. (1957). Panel report: Preoedipal Factors in Neurosogenesis. *J. Amer. Psychoanal. Assoc.*, 5.

ROSENFELD, H. A. (1965). *Psychotic States*. (New York: Int Univ. Press.)

RUBINFINE, D. L. (1959). Panel report: Some Theoretical Aspects of Early Psychic Functioning. *J. Amer. Psychoanal. Assn.*, 7.

SACHS, H. (1923). Zur Genese der Perversionen. *Int. Z. Psychoanal.*, 9.

SOCARIDES, C. W. (1960a). "The development of a fetishistic perversion: the contribution of preoedipal phase conflict." *J. Amer. Psychoanal. Assoc.*, 8.

— (1960b). Panel report: Some Theoretical and Clinical Aspects of Overt Male Homosexuality. *J. Amer. Psychoanal. Assoc.*, 8.

— (1968). *Psychoanalysis of Homosexuality: Theory, Clinical Aspects and Therapy*. (New York: Grune & Stratton—in press.)

SPITZ, R. A. (1959). *A Genetic Field Theory of Ego Formation*. (New York: Int. Univ. Press.)

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ECONOMIC ASPECTS OF OBJECT RELATIONS

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The fundamental importance of object relations theory, developed by the so-called British School of Psychoanalysis, no longer requires comment. At root, object relations theory represents a particular view of, and approach to, instinct theory, and it epitomizes the shift within Freud's own writings (Hartmann, 1956) from a predominantly aim-oriented to an object-oriented view of metapsychology. The latter may be said to have coincided, in more than a rough way, with Freud's related shift from an emphasis upon the id to an emphasis upon the ego. The writings of Klein and of Fairbairn and their followers emphasize the primacy of the object of instinct as over against instinctual aim (Guntrip, 1964), and they establish the point of view, of great importance for psychoanalysis, that the object is no mere instrumentality, just as Federn (1952) emphasized that the ego is no mere abstraction.

The shift toward object relations within psychoanalysis has evoked research of far-reaching importance by those workers who have been favourably disposed toward the significance of the British workers' efforts to understand intra-psycho events. Related to, if not a direct outgrowth of, this frame of reference has been the work of Jacobson (1964) and others (e.g. Kernberg, 1966) on the structural aspects of object relationships, which has yielded an understanding of identity of notable subtlety and profundity.

When we enter the area of economics, however, matters become complex far beyond what is expected of a predominantly structural view. It would not be incorrect to say that the current limits to which research on economics has attained lie essentially where Hartmann (1950, 1955) and his colleagues (e.g. Kris, 1955) have left them, and that with one notable exception there have been no fundamental contributions to our understanding of economic matters beyond Freud's (1923) and Hartmann's writings. The exception is Federn (1952; Weiss, 1950, 1960). Federn's work illuminates further the economic aspects of object relations because it supplies a comprehensive economic basis for structural

considerations. Some of the reasons why Federn's fundamental work has long lain fallow amongst psychoanalysts are set forth elsewhere in this paper. Whatever the reasons, however, the incorporation of the body of Federn's contributions to ego psychology into classical metapsychology, hence into the object relations emendations of the latter, is long overdue. This paper represents a tentative beginning toward that end.

At the outset, I shall devote some attention to a condensed review of Federn's contributions which bear upon object relations and their structural underpinnings, and I hope that the sophisticated reader will forgive what will certainly be, for him, a restatement of matters with which he is already conversant. In succeeding sections, I shall attempt to present the evident relationships amongst economic, structural, and perceptual processes in which object relations theory and Federn's economic views may be said to find confluence.

Résumé of Federn's Economic and Ego-Psychological Concepts

Of the various modern psychoanalytic writers who have made notable contributions to our understanding of the treatment of the major psychoses, particularly of schizophrenia, Federn has been amongst the foremost. In the exploration of subjective experiential states he had few peers; his writings set forth his comfort with both psychoanalytic and phenomenological concepts; his theoretical contributions to ego psychology or, perhaps better, to the phenomenology of "ego states" are as profound as they are abstruse; his intuitive awareness of the subjective difficulties of the psychotic ego was impressive; his practical recommendations for their treatment, based firmly upon his theoretical work, have attained amongst dynamic workers a self-evidential acceptance that has long since come to obscure the oft-forgotten fact that it was Federn who first set them down.

The apparent disproportion between general professional acceptance of Federn's therapeutics

and ambivalence toward his theoretical formulations comprises the paradox of the work Federn accomplished and of the kind of person he was. There are, at casual inspection, several reasons for this paradoxical state of affairs with respect to the general body of Federn's contributions to psychoanalysis and psychiatry.

First of all, Federn was an intensely introspective, self-perceptive individual. Secondly, he possessed a thorough grasp of phenomenology, so evident from his writings, a subject with which many psychoanalytic workers are not in general familiar. Third, the subjective, introspective nature of the material with which he dealt does not readily lend itself to facile verbal description—there is, certainly, no easy way by which to explicate variations in "ego feeling", or shifting ego states, or the vicissitudes of depersonalization and estrangement, to mention but a few of the exceedingly self-intimate phenomena with which Federn wrestled. Again, Federn was not endowed with a gift for brilliant writing; indeed, some of his formulations are prolix, his metaphors too condensed, his phraseology at times burdensome to the point of inducing boredom. Finally, some of Federn's most important formulations regarding, for example, narcissism, differed sharply from those set forth by Freud. Thus, although Federn deemed himself a faithful student of Freud and emended certain of Freud's ideas only after he had reluctantly to admit that clinical evidence strongly supported his point of view, his "deviations" were, as could be expected, received with suspicion by many of his colleagues.

It cannot be denied, in addition, that Federn, like Aichhorn, was at home in the treatment of the kind of cases which Freud could personally hardly tolerate, much less treat: the major psychotics, infantile and impulse-ridden characters, borderline types, and the "psychologically dishonest", whom Freud often found distasteful. Federn's extraordinary gifts as a therapist could be said to have been amongst the most important factors which led him to apply psychoanalytic treatment to the more difficult cases with whom he came into contact; in consequence of this, his pioneering demonstration of the power of psychotic transference ran counter to Freud's generally pessimistic view that "narcissistic" cases could not be expected to respond to psychoanalytic treatment (Federn, 1962). The attitude persists to this day, amongst some members of the profession, that, for

example, one cannot analyse adolescents, psychotics, character neurotics, and other infantile-narcissistic patients because their egos are too "weak", their narcissistic fixations too profound, to bear the burden of analytic work.

To understand Federn's concept of the psychotic, immature, or "weak" ego, one must bear in mind his assertion that such an ego suffers from a "deficiency disease". The more precise nature of this "deficiency disease" and the problems in object relations with which it is associated will comprise a part of the discussion which follows.

Theoretical Considerations

As already noted, Federn's approach to metapsychology draws heavily upon phenomenology. We may therefore begin our consideration of his theoretical contributions with his positive assertion that the ego is to be viewed, not merely as a theoretical construct, or a "postulated reference-point of thought", or, like Sherrington's reflex, a convenient fiction, but rather as a fact of human experience. One therefore feels, perceives, apprehends, *is aware of* one's ego. Federn's assertion signifies much more than is contained within the classical view of the *perceptive* (including the self-perceptive) *function* of the ego, ordinarily deemed but one of its many properties, but rather ascribes to the ego a more *fundamental perceptibility*. To account for this fundamental property of the ego, namely its *inherent experientiality*, Federn postulated the operation of a specific ego cathexis. This ego cathexis is in turn comprised of both libidinal and aggressive drive energies, but its ultimate origin was left undecided. The ego cathexis, according to Federn, conveys to both conscious and preconscious experience the entire range of the individual's awareness of his continuity in time, of his position and extension in space, and of his apprehension of causal or deterministic sequences of events.

A further refinement of Federn's formulation of the ego cathexis comprises his assertion that its attainment of preconscious and conscious awareness finds expression in a four-fold congeries of feelings, which he termed *ego feelings*. Thus, *active ego feelings* find expression in an active perceptual valence attached, in turn, to aggressive, exploitive, acquisitive, controlling, and mastering acts or behaviour; *passive ego feelings* become attached to the aim of absorbing or submitting; *reflective ego feelings* come to be associated with the retroflexion of perceptual

awareness upon the *ego as object of self-awareness* (reflective or reflexive narcissism; reflective *cogito* of Sartre; the ego's self-perceptive function according to classical concepts); while *medial ego feelings* signify the most basic awareness of one's existence, or the fact that one simply *is* (pre-reflective, primary, "objectless" narcissism; pre-reflective *cogito* of Sartre). Although all four kinds of ego feelings contribute to the totality of self-awareness, medial ego feeling lies very close to the core of the ego; disturbances of it lead to depersonalization, the paradox of which lies in the sufferer's relatively well-preserved reflective ego feeling concomitant with an intimate, almost indescribable feeling of inner strangeness and "deadness".

A second major contribution to ego psychology was Federn's concept of *ego boundaries*. Stated briefly, the ego boundary constitutes a vaguely perceived line of demarcation between what is, as it were, within the ego and what is outside it. The ego boundary may thus be said to delimit those perceptions and experiences which the individual identifies as personal, intimate, subjective, hence within the ego boundary ("egotized"; invested with "Me-ness" [Claparède, 1911]), from those which he identifies as "real" or "external" to him, hence outside the ego boundary. Federn distinguished, as parts of the ego boundary, an *inner ego boundary*, arrayed against (internal) unconscious mental contents and invested with counter-cathexes directed toward precluding such contents from access to conscious awareness, and an *external ego boundary*, by which what is "outside" ("in reality") is separated from what the individual perceives as within the ego's sphere of intimate subjectivity. According to Federn, the ego boundary plays a critically important role in the maintenance of what he called the sense of reality, or what Janet termed *le sentiment du réel*. Federn concluded that the ego cathexis guaranteed the integrity of the ego boundary, both internal and external, hence one may speak of the ego boundary cathexis.

On the basis of these formulations, we may specify two interrelated functions or, more properly, effects of the ego cathexis, viz., maintenance of the individual's self-awareness in space, time, and causality (hence, the essential continuity of experience), and the integrity of the

ego boundary, which in turn determines one's sense of reality.

Essential to these concepts is Federn's assertion that the normally fluctuating "extent" of the ego boundary waxes and wanes with variations in the ego cathexis, hence the ego boundary ordinarily undergoes a process of dynamic, expansile and contractile flux; this state of relative flux in turn allows explanations for a variety of clinical phenomena. For example, in sleep the ego boundary contracts, and thoughts, ideas, emotions, images, wishes previously "within" it proceed to fall "outside" it; thus, since what is outside the ego boundary is sensed as real, mental phenomena assume the quasi-realistic characteristics of the transformed figures and images of the dream and are, in the dream, perceived as real. Similarly, for reasons to be discussed later, the ego boundary contracts in psychoses, whereupon thoughts, ideas, and feelings previously perceived as one's own fall outside the ego boundary, hence are perceived as real. It is thus possible to explain the aetiology of hallucinations and illusions as internal elaborations which fall outside the ego boundary.¹

Yet a third important contribution to the phenomenology of the ego boundary may be found in the manner in which Federn viewed the relationship of the ego boundary and the bodily ego, a subject developed more thoroughly in another context by Schilder (1935). Imbedded within the external ego boundary, according to Federn, are the body's sense receptor organs. He concluded that failure of the ego cathexis to invest, hence vivify, the external ego boundary, for whatever reasons, brings about functional impairment of the sense organs, the "windows" through which external object-representations enter the territory of the ego. When this occurs, the individual perceives the external world as estranged (derealized).

From these formulations one may distil the following generalizations concerning the phenomenology of ego function:

(i) Impaired medial ego feeling results in perceptual alienation of the core of the ego, leading to depersonalization;

(ii) Impairment of the cathexis of the external ego boundary leads to estrangement;

(iii) Impairment of the sense of reality follows upon contraction of the ego boundary.

¹ It will be seen that the process by which egotized mental contents proceed to fall outside the external ego boundary could be equated with the defence mechanism

of projection. As we shall later show, the two are not equivalent, hence such terms as *externalization*, *extrusion*, and *extrajection* are preferable for the former process.

Finally, these various disabilities, which comprise, on specific study, a wide range of psychiatric symptomatology, result in turn from impairment or impoverishment of the ego cathexis.

The "Weak" Ego

The aforementioned disabilities—depersonalization, estrangement (derealization), and impaired sense of reality—comprise predominantly sensory-perceptual symptoms; it may be said, in line with Federn's views, that they bespeak underlying ego weakness since they are predicated upon a deficiency or impairment of the ego cathexis. Various degrees of these symptoms are ubiquitous amongst individuals ordinarily labelled psychotic, borderline, or "as-if", or who are diagnosed as schizophrenic, character-neurotic ("psychopathic"), immature, infantile-narcissistic, polymorphous-perverse, or impulse-neurotic.

Clinical study of such people reveals a variety of characteristics ordinarily associated with the so-called "weak" ego. Thus, one discerns various of the following: failure of normal repression; persistence of primitive mechanisms of defence, with reliance upon projection, introjection, regression, and denial; impairment of the ego's synthetic function (Nunberg, 1955), leading to disruption of self-environment relationships and dismemberment of perceptual, cognitive-ideational, affective, and motoric functions; predominance of anxiety of the instinctual type; lack of "basic trust"; impairment of object relations; failure of sublimation of "raw" instinctual impulses; persistence of primary process thinking with reliance upon transitivity, infantile-megalomaniac modes of thought, magic in gesture and word, and scotomatization and negative hallucination; and, finally, serious difficulties with preoedipal and sexual identity.

The view that these manifestations of ego weakness result from a relative deficiency or impoverishment of the ego cathexis appears to

contradict the classical view, derived from Freud (1911, 1914, 1917, 1924a, b), which conceptualizes ego weakness in terms of withdrawal of "object-cathexis" with corresponding concentration of (narcissistic) libido upon the ego itself. In Federn's view, however, a "withdrawal of object-cathexis" may be seen to ensue from a contraction of the external ego boundary, such that the mental representations of external objects fall in increasing numbers outside the external ego boundary, hence are extruded from the territory of the ego; as such, they lose "Me-ness", or cannot any longer be experienced as part of one's self, hence they undergo de-egoization and proceed to seem "real".

At the risk of oversimplification we may therefore assert, in accordance with this view, that what appears as a loss of interest in external objects in fact represents the ego's loss of a sense of familiarity with its internal object-representations. It was Federn's merit to show that the psychotic individual does not in fact lose interest in "external" objects. On the contrary, the extruded internal object-representations assume, in such cases, an extraordinary perceptual intensity, and the individual must resort to ever more protean defenses by which to ward it off.²

We may now generalize as follows:

(i) Where there is significant ego weakness, the ego loses a sense of familiarity with its internal objects;

(ii) This loss of familiarity results from the extrusion of these objects to the "outside", which ensues from a relative contraction of the external ego boundary. As a further result, the extruded internal objects assume a quality of intense vividness (they are sensed as unduly "real") which, amongst schizophrenics, is oppressive and which requires near-herculean efforts to be warded off.³

(iii) Loss of familiarity with internal objects and their extrusion to the outside, in consequence of contraction of the external ego boundary, constitutes a *splitting* of the ego;

(iv) The oppressive intensity with which the

² According to the view expressed here, impoverishment of the ego cathexis brings about two interrelated syndromes. One comprises de-egotization of mental contents with concomitant extrusion of these contents to the "outside". The other is clinical estrangement or derealization, which Federn attributes to libidinal decathexis of the sensory organs imbedded in the external ego boundary. It should be noted that estrangement of "external objects" is often experienced as a disquieting heightening of their perceptual intensity, most often centring upon the eyes; thus, as these objects are perceived as estranged, their illumination is felt to be

excessive, and estranged patients are wont to complain that "the lights are too bright". It is not unexpected that individuals with significant degrees of estrangement are found to be paranoid types for whom the environment, populated with oppressive, persecutory objects, is excessively vivid to the point of pain.

³ The usual view of these phenomena would conceptualize them in terms of breakdown of the "stimulus barrier" against sensory input (Freud, 1920; Bergman and Escalona, 1949). Wordsworth stated it poetically: "The world is too much with us."

ego perceives its extruded internal objects in part accounts for the view that they are predatory or persecutory external objects. Also, as contraction of the ego boundary causes the extrusion of more and more internal objects, the ego feels, as it were, emptied out of them. During the period in which these transformations normally occur, as I hope later to show, the "purified pleasure ego" perceives all that is "not-me" as "bad", all that is "me" as "good". Thus, the extruded objects become "bad objects" while the ensuing paucity of familiar internal objects leads to a condition which could be described as one of "bad" or "negative" identity.

Some Comments on Ego States

Although the term ego state finds frequent expression in the literature, it is necessary to specify its exact meaning for the purposes of the present discussion. Federn's conception of an ego state is set forth by Weiss (1960) as follows:

In Federn's opinion only the ego feeling is permanently conscious, not the preconscious material over which it extends. He calls an ego state the mental material which—at one time or another—was or is unified by a coherent ego cathexis and has its own boundaries. Furthermore . . . ego states, like id contents, can undergo repression. In such cases ego states lose their current ego cathexis, but remain preserved by a cohesive force intact in the unconscious.

This concise statement implies that ego states have the character of mental structures, that they are therefore internally coherent, that they are in part comprised of ego feelings (including, of course, the fourfold ego feelings set forth above), that they may be conscious or repressed, and that they are held together through the operation of an energy cathexis.

A not dissimilar formulation of the nature of ego states, drawn from a very different background of research, is found in the work of Kernberg (1966), who in turn draws upon the work of Jacobson (1964). According to Kernberg, all ego states are composed of three elements, viz., self-representations, object-representations, and affects (or, the perceptual equivalents of instinctual drives striving toward discharge). The self- and object-representations constitute the perceptual contents of ego states, while the affective component represents instinctual drives; hence, ego states, according to this

view, are *mental substructures composed of both perceptual and economic components*. It is important to note, for the purposes of the present discussion, that the economic aspect of mental structures may be introduced at the level of ego states, and furthermore, that both Federn, who approaches metapsychology from a phenomenological vantage point, and Kernberg, a careful student of the structural "derivatives" of object relations, introduce it similarly.

We must bear in mind, of course, that the mental representations of "self" and "object" about which Jacobson has written constitute perceptual mental contents, if by "perceptual" we mean akin to images of some sort. The assimilation of affects to these mental representations introduces into ego states their particular quality of propensity toward discharge, or of "valence", which implies that they possess a directed or vectorial quality. This quality of "intentionality", developed originally by Brentano (1874) and inherent in the concept of cathexis itself, is further set forth by Federn in his concept of the fourfold ego feelings, a fundamental property of which is innate directionality (active; passive; reflective) or its absence (medial). A purely classical view of "tendency toward directional discharge" would conceptualize it in terms of a reduction of instinctual drive tension according to the pleasure principle. The very directedness of ego states, however, is in turn a component linked to representational content, hence self- and object-representations are inseparable from drive discharge itself. It would not seem importunate, therefore, to consider that Federn's implications for, and Jacobson's and Kernberg's more explicit formulations of ego states have much in common. What they have most significantly in common is the concept that objects and instinctual drive systems are indivisible aspects of each other.⁴ This view asserts, therefore, that, in a certain sense, one could with justification number Federn amongst the object relations theorists, since the concept of inseparability of object and instinct is a fundamental tenet of object relations theory.

Infantile Defences and Their Precursors

By the time the child has reached the end of the first year of life, self and non-self have undergone limited differentiation from each other. The beginnings of this differentiation are

⁴ The interrelatedness of "instinct" and "object" was, of course, first put forward by Freud (1905, 1915) and was further developed by Schiller (1953).

to be found in the operation of those unconditioned physiological mechanisms by which the infant literally incorporates—swallows—that which tastes good to him, and rejects—spits out—that which tastes offensive to him. The metapsychological concomitants of these processes comprise the purified pleasure ego of Freud, according to which “All that is good is me; all that is bad is not-me” (Freud, 1915). At this stage of ego development, the “good : me” perceptions and the “bad: not-me” perceptions may be said to constitute the earliest manifestations of what will later become, respectively, self-representations and object-representations, hence maybe viewed as precursors of the latter.

We must ask, however, by what means these representational precursors come to serve as vehicles, so to speak, for the affect charges which in turn represent the emotional expression of the infant's primitive instinctual drives. If we assume, with Klein (1932, 1935), that the infant harbours a vast reservoir of un-neutralized aggression which must be got rid of lest his very existence be threatened, then we shall look to whatever extrusive or expulsive mechanisms which the infant already has at hand for the accomplishment of that task. It would appear that the mechanisms inherent in the operation of the purified pleasure ego are equal to it: that which the infant experiences as offensive is perceived as “not-me” and is rejected, and to these offensive external oral items (potential food substances), which the infant will of necessity spit out, become attached the aggressive affect charges which must be got rid of. Thus, aggressive affect charges are extruded as they come to be affixed, so to speak, to the “real” items which the infant literally spits back into the surround. At this point of ego development, the fusion of aggressive affect charge with offensive “external item” could be said to comprise the precursor of projection; and projection *per se* will have come into functional significance when, at a later time, the aggressive instinct becomes separated from the “real external item”—split off, as it were—and externalized *qua* itself, hence without further necessity for a “real item” to serve as its vehicle.

From the foregoing, we may infer that the mechanism of splitting already figures prominently in at least two interrelated processes that

have assumed importance by the time the third trimester of infancy has been traversed, viz., the operation of the purified pleasure ego, by which representational precursors of “me” and “not-me” have been differentiated, and the separation of aggressive instinct from the “real items” by which it was initially extruded into the surround, thus initiating the operation of true projection. It is axiomatic for this stage of ego development, in addition, that the extruded or projected “not-me” regularly undergoes scotomatization, hence is denied existence in the perceptual field. Thus, a third mechanism comes into operation which leads to the perceptual extinguishment of offensive “real items” and, later, of intolerable aggressive instinct—denial. These three inter-related mechanisms—splitting, projection, and denial—comprise the earliest defences of which the primitive ego is capable, and in turn represent the deepest point of genetic regression to which the psychotic child or adult may attain.

The unremitting, indeed perseverated operation of infantile projection tends to lead the infantile ego into a state of relative imbalance, such that a welter of “bad” objects is perceived to reside outside the self, while a minimum of “good” objects is perceived to reside within it (Fairbairn, 1941). Insofar as “good” internal objects carry a “positive valence” (Kernberg) or, in other words, carry a libidinal cathexis which imparts a hedonic quality to the infant's primitive self-awareness, then a relative paucity of good internal objects bespeaks a relative deficiency of libido. Furthermore, the welter of projected bad objects, including the extruded aggressive affect charges but as well the need-frustrating feeding objects (= breast), return unremittingly to plague the early ego's perceptual apparatus. As noted before, we have good if indirect reasons for believing that the infant experiences these bad objects as terrifyingly vivid, and that their perceptual intensity threatens to overwhelm the infantile stimulus barrier, thence to precipitate the ego into a traumatic state; hence, they assume the quality of persecutory objects.⁵

It is now possible to bring together several inherently interrelated lines of thought that have to do with basic structural, economic, perceptual and boundary aspects of early ego function. We may, first of all, view projection as a product of the more basic process of splitting. Second, it

⁵ It is necessary to point out that, in the interest of succinctness, the term “object” is here used to mean “part-object-representation”.

is clear that splitting is fundamental to the *modus operandi* of the purified pleasure ego. Third, Klein's "paranoid position" (later, following Fairbairn's ideas, more correctly termed by her "paranoid-schizoid position"), and Fairbairn's (1941) so-called paranoid transitional mechanism may be viewed as later derivatives of the purified pleasure ego.

Returning now to Federn's view of the economic basis of ego states, we shall recall his postulate that a relative deficiency of ego libido is the cause of contraction of the external ego boundary, and that under these circumstances, as in the case of the "weak" or "psychotic" ego, formerly egotized mental contents come to fall outside the territory of the ego delimited by that boundary; such contents therefore come to be perceived as "real". Since, as we know, the ego's libidinal affect charges (= "ego libido") are carried by its reservoir of good internal objects, it becomes possible to assert that deficiency of ego libido, hence impoverishment of the ego cathexis, is a consequence of a deficiency of good internal objects.

The Toddler

The end of the first year and the inception of the second are of momentous significance for the elaboration of all that has gone before. The foreordained maturational spurt that marks this stage of development in part engenders the cessation of the child's abject dependency on the mothering object as two basic forms of mastery now begin to make their appearance: walking and talking. As sphincter dominance shifts from mouth to anus, under pressure from both the maturing physiological apparatus and the expectancies of the social milieu, prior splitting and projective defences continue to operate for a time, displaced as they are toward the ano-rectal zone. Thus, Abraham (1912, 1921, 1924) spoke of an early anal-expulsive or anal-aggressive stage of psychosexual development, in which the need to extrude anal waste material is prepotent. Thus, the "meaning" of the first anal "gift" of faeces is multifold: to get rid of something bad, to attract the good parental object, and as well, magically, to ward the parental object off.

Toward the end of the second year, however, a significant alteration of the child's partial aims makes its appearance; this alteration is repre-

sented in a shift from predominantly anal-expulsive to anal-retentive mechanisms. In Fairbairn's terms, the "transitional mechanism" shifts from a paranoid mode to an obsessional mode, the hallmark of which is *retention of both the good and the bad objects*. From this point on, the operation of the purified pleasure ego falls rapidly away, and a concomitant recession in splitting, with persistent efforts to cling internally to the whole-object (both "good" and "bad"), now becomes evident. There is good reason to believe that the fateful shift from part-object aims to whole-object aims, with percipient efforts to retain the whole-object, occurs in consequence of those myriad needs and experiences which propel the child toward separation from the maternal object. Thus, retention of the whole-object represents a need to cling to that from which one is proceeding to separate.

To explain these matters more fully, we have recourse to Freud's (1917, 1923) conclusion that object loss is attended by reintrojection of the lost object, and that the reintrojected object becomes ensconced within the "differentiating grade within the ego"—the superego. Freud further pointed out that reintrojection brings about a defusion of instincts, an *Entmischung*, which separates primary aggression and libido from each other. Following Hartmann (1950, 1955), the defused instincts become available for ego functions according to the process of neutralization. Thus, aggression becomes available, in de-instinctualized form, to energize the defences of the unconscious part of the ego as well as for a variety of actions oriented toward the attainment of mastery (secondary autonomy); while libido, in de-instinctualized form, serves to energize the ego's synthetic function and its representational content. The operation of the obsessional mechanism, through which both good and bad objects are retained within the ego, is now seen to occur as a result of the gradual separation of the child from the mother. But what we have been describing here is, after all, nothing more than mourning attending the loss of a loved object, as set forth by Freud, and by Abraham (1912, 1921, 1924). And this, it now seems reasonable to assert, is what accounts for Klein's "depressive position" of later infancy.⁶

We have now brought into connection several processes of great importance for the developing ego during the second year of life. Separation

⁶ The signal importance of the relationship between object-loss and splitting as a defence mechanism, so

basic to the work of Bowlby (1953, 1960, 1961) on childhood bereavement, is set forth in Freud (1927, 1940):

from the primary maternal object sets in motion the mechanism of reintrojection with whole-object retention; as a result, instinctual defusion occurs, making neutralized energy available to the ego's defensive, representational, and synthetic functions.

As already noted, reintrojection associated with mourning the separated object and the operation of the obsessional mechanism have together the effect of bringing back a multiplicity of bad part-objects previously extruded from the territory of the ego through the mechanism of projection. During this stage of ego development, self- and object-representations have become progressively clearly differentiated as the child's perceptual apparatus has matured. These representations, according to Kernberg, have become progressively assimilated to instinctual affect charges of either "positive" (libidinal) or "negative" (aggressive) valence, hence have become either positive or negative ego states. The assimilation of self- and object-representations to affect comes about, of course, as a result of the operation of the ego's synthetic function; the latter is energized by de-instinctualized libidinal cathexes resulting, in turn, from instinctual defusion consequent upon whole-object reintrojection. Thus, the territory of the ego is expanded, its "contents" increased.

Of great importance is the whole matter of what, in general, could be termed internalization. The entire congeries of both split-off and retained good and bad part-objects are, in consequence of the reintrojective and obsessional mechanisms, transferred as it were into the ego itself. When this internalization has reached a sufficient degree, and when mental contents have in significant measure undergone structuralization into ego states through the operation of the ego's synthetic function, projection, scotomatization, and splitting give way, now, to repression.

An understanding of Federn's ego cathexis may be developed in terms of the matters so sketchily discussed here. We shall recall that the ego cathexis maintains the functional integrity of the external ego boundary and of the sensory receptors imbedded within it, thus delimiting egotized (subjective) from un-egotized (objective, "real") mental contents, and guaranteeing that the latter are perceived with appropriate vividness. The ego cathexis also maintains the

functional integrity of the internal ego boundary, directed against unegotized, unconscious mental content, hence it drives and modulates the ego's defence mechanisms against unconscious material. *We may therefore take the concept of ego cathexis to mean a neutralized (deinstinctualized) energy cathexis derived from whole-object introjection.*

Further Consideration of Repression

We have set forth the view, in accordance with that of Kernberg (1966), that internalization and structuralization, in the sense developed above, are absolutely prerequisite for the defensive shift from splitting to repression. As he has shown, repression consists of dissociation of negative introjections or, more properly, negative ego states from the core of the ego. We shall recall that these negative ego states comprise self- and object-representations assimilated to aggressive affect-charges which repression causes to be excluded from the ego's awareness. Failure of repression is attended by a return of these negative ego states, with their "bad" self- and object-representations, to the core of the ego. Their return, bringing a welter of aggressive affect-charges into the ego core, dilutes and displaces, as it were, the preponderance of positive ego states, organized around libidinal affect-charges, which are necessary for the ego's core perceptions. It is this state of affairs which results in the "perceptual alienation" of the ego core to which Federn originally ascribed depersonalization.

The return of "dissociated" (repressed) aggressive affect-charges and their associated representations signals failure of repression. It is no wonder, then, that in the incipient stages of psychotic disorganization depersonalization is so regularly experienced. By the same token, failure of the ego cathexis brings about contraction of the external ego boundary and decathexis of the sensory receptors that are a part of it, with ensuing estrangement and deepening impairment of the sense of reality. Also, further withdrawal of libidinal cathexis of mental contents engenders their de-egotization; thus they may be perceived as foreign bodies loosely and unaccountably aggregated within the territory of the ego, such as ego-alien ideas and feelings, or else as extruded "hyper-real" entities of oppressive perceptual intensity.⁷

⁷ All these regressive processes, consequent upon reentry of negative ego states into the ego, are evidence

of failure of the ego's synthetic function, resulting in a return to part-object-relations and leading to the well-

Let us now recall Federn's assertion that investment of the ego core with ego cathexis yields medial ego feeling, impairment of which leads to depersonalization. Medial ego feeling corresponds to a pre-reflective sense of self or, in other words, to the sense of self inherent in the state of primary or "objectless" narcissism; it represents the individual's more or less vague perception of his extension in time and space prior to that point beyond which he is able to "cathect" himself as an object of his own awareness (Rinsley, 1962).

In accepting the view that repression signifies dissociation or exclusion of negative ego states from the ego core, we must, conversely, ask: of what is the ego core otherwise comprised? Clearly, at the outset, one could say that, *under ideal conditions*, the ego core should be composed exclusively of positive ego states. But what is the fate of the negative ego states, and particularly of the aggressive affect charges which drive them, following their repression? The more classical answer would hold that these negative ego states, driven by aggressive cathexes, press unremittingly against the internal ego boundary for re-admission into the territory of the ego, to "return", as it were, from the Ucs.

Granting Hartmann's view that deinstinctualized aggression serves to maintain the defensive counter-cathexes of the ego, then clearly the aggressive cathexes associated with repressed ego states cannot be deemed deinstinctualized, hence cannot be viewed as available to the ego for the purposes of defence. On the other hand, lest we jettison the dual instinct theory, we must conclude that neutralized energy must ultimately be derived from the vast pool of "raw" aggression in the Ucs, and that its source must be other than that derived from reintroduction of "lost" objects. The latter point follows from at least two antecedent considerations: First, the usual circumstances of life do not witness such a high frequency of object loss as would account for the continuous availability of neutralized energy required for the ego's autonomous functions; were this not so, the individual would be in a constant state of mourning, a condition found only among depressed persons. Second, overwhelming use of introjective mechanisms is a major sign of ego weakness, and at best yields a characterological

structure appropriately termed borderline or as-if (Deutsch, 1942).

The problem may be nearer to solution if we consider that repression of negative ego states from the ego core into the Ucs, however more mature a defence it is, nonetheless bears certain of the characteristics of its earlier precursors, splitting, projection, and scotomatization or denial. For in the case also of repression, the ego acts as if the repressed object-representations are, in fact, "lost". One may thus infer that the ego treats the contents of the Ucs in some ways like those of the external world, the most notable indication for which is the fact that the unconscious contents conform to the primary process and are uninfluenced by the ego's synthetic function.

We may with some little justification say, therefore, that repressed objects are lost objects. As with all lost objects, the ego will make strong efforts to get them back, as it were. The striving of the repressed to "return" is, therefore, a more complex process than can be explained in the usual dynamic terms, for in addition, we must add the basic consideration that the ego actively strives to regain its repressed objects, to bring them once again under the hegemony of its synthetic function. The ego's unremitting efforts to do this leads to endlessly repetitive re-entry of Ucs content into the ego's territory; thus, "re-introjection from the side of the Ucs" leads to no less palpable economic results than the analogous process from the side of the external world. In accordance with this view, therefore, with re-entry of Ucs contents into the ego, the previously "fluid" or unbound cathexes and their perceptual representations once again agglomerate according to the synthetic function; the cathexes thus re-bound to mental representations proceed in part to undergo defusion, hence are available to the ego for the purposes of sublimation.

A summary of the view expressed here would assert the following: (i) It emphasizes the primacy of objects (or, better, object-representations) in respect to the instinctual needs mediated by the ego. (ii) It offers somewhat more parsimonious explanations for defensive functions, in particular as it holds to certain basic similarities between the ways in which the ego deals with the Ucs and the so-called external world. (iii) It holds, in effect, that the reservoir of the ego's

known "fragmentation" of all ego functions; hence, such innately shrewd descriptive terms for *schizophrenia* [sic] used by the earlier, pre-analytic psychiatrists:

dementia sejunctiva, intra-psychic ataxia (Stransky), *folies discordantes* (Chaslin), etc.

neutralized energy is derived from a process, "from the side of the Ucs", which resembles the repetition-compulsions by which the ego ordinarily works through object loss. (iv) It holds that all "mental structures" are in part object-representations. (v) It attempts to show the close relationship between Federn's contributions to the dynamic phenomenology of economics, ego feelings, and ego boundaries and the general approach of object relations theory. (vi) It attempts to formulate a conception of ego strength (hence, of ego weakness) which asserts that the "amount" of energy available to the ego's autonomous functions and the relative preponderance within the ego of "good" object-representations are mutually interrelated.

Further Comments on the Sources of Neutralized Energy

We may now recapitulate and expand upon our previous concepts of the origin of neutralized energy. To begin with, our view is that such energy becomes available at that point of psychosexual development when reintroduction of the whole-object begins to take place, and that the latter occurs in consequence of the child's necessary efforts to separate from its mother, to "defuse" or to "de-symbiotize", as it were. This early move toward separation serves as paradigm for the many later efforts to separate from the primary parental figures, such as at the time the child begins school, and during adolescence, when further, crucially important efforts to separate come about. The earliest definitive move toward separation, beginning in the last trimester of the first year and extending into the anal stage of psychosexual development, is characterized by whole-object cathexis, and by the reintroduction described above; the latter process accounts for the mourning inherent in the separation, and contributes to it the qualities of the "depressive position" described by Klein. All these interrelated processes, including efforts physically to separate, whole-object

investment, reintroduction with accompanying mourning, and defusion of instincts with its issue of neutralized energy, contribute toward the child's self-objectification and coincide with his entry into the period of childhood negativism. Indeed, Spitz views the early "No" response as the first indication of the child's use of judgement (1957, 1959).

Another way in which to view these processes, in accordance with Federn's contributions, would be in terms of the formation and maintenance of the ego boundaries. Thus, the growth of self-objectification (secondary narcissism), based as it is upon reintroduction, may be viewed as in direct relation to the growing functional importance of the external ego boundary, which delimits the ego from the "environment" and its "objects", and of the internal ego boundary, which delimits it from its "repressed objects". We shall recall, of course, that the integrity of the ego boundaries is guaranteed by the ego cathexis which, as we have seen, is in turn derived from whole-object introjection.

With the child's progressive entry into the stage of self-objectification and mastery, internalization and repression assume ever increasing importance. With this, splitting mechanisms fall away, and the processes by which the ego dynamically takes in and puts out, as it were, its representational contents shift from the side of the external world to the side of the Ucs. De-instinctualized energy now becomes increasingly available to the ego from the energy cathexes of repressed ego states as these alternatively reenter and are repressed and re-repressed from the ego's territory under the pressure of the ego's need to regain its repressed objects (or, better, the repressed representational parts of its ego states).

Thus, the ego's need for "good objects" may be equated with its need for neutralized energy, and we may justifiably begin the task of inter-translating the language of economics and the language of object relations.

REFERENCES

- ABRAHAM, K. (1912). "Notes on the psycho-analytical investigation and treatment of manic-depressive insanity and allied conditions." *Selected Papers* (London: Hogarth).
 — (1921). "Contributions to the theory of the anal character." *ibid.*

ABRAHAM, K. (1924). "A short study of the development of the libido, viewed in the light of mental disorders." *ibid.*

BERGMAN, P. and ESCALONA, S. (1949). "Unusual sensitivities in very young children." *Psychoanal. Study Child*, 3-4.

- BOWLBY, J. (1953). "Some pathological processes set in train by early mother-child separation" *J. ment. Sci.*, 99.
- (1960). "Separation anxiety." *Int. J. Psychoanal.*, 41.
- (1960). "Grief and mourning in infancy and early childhood." *Psychoanal. Study Child*, 15.
- (1961). "Processes of mourning." *Int. J. Psychoanal.*, 42.
- BRENTANO, F. (1874). *Psychologie vom empirischen Standpunkte* (Leipzig: Meiner).
- CLAPARÈDE, E. (1911). "Recognition and 'me-ness'." In: *Organization and Pathology of Thought* ed. Rapaport (New York: Columbia Univ. Press, 1951).
- DEUTSCH, H. (1942). "Some forms of emotional disturbance and their relationship to schizophrenia." In: *Neuroses and Character Types* (New York: Int. Univ. Press, 1965).
- FAIRBAIRN, W. R. D. (1941). "A revised psychopathology of the psychoses and psychoneuroses." in: *Psychoanalytic Studies of the Personality* (London: Tavistock, 1952; New York: Basic Books (*An Object-Relations Theory of the Personality*), 1954).
- FEDERN, E. (1962). "The therapeutic personality, as illustrated by Paul Federn and August Aichhorn." *Psychiat. Quart.*, 36.
- FEDERN, P. (1952). *Ego Psychology and the Psychoses* (New York: Basic Books).
- FREUD, S. (1905). *Three Essays on the Theory of Sexuality*, S.E. 7.
- (1911). "Psycho-analytic notes on an autobiographical account of a case of paranoia (dementia paranoides), S.E. 12.
- (1914). "On narcissism: an introduction." S.E. 14.
- (1915). "Instincts and their vicissitudes." S.E. 14.
- (1917). "Mourning and melancholia," S.E. 14.
- (1917). *Introductory Lectures on Psychoanalysis*, Part III. S.E. 16.
- (1920). *Beyond the Pleasure Principle*. S.E. 18.
- (1923). *The Ego and the Id*, S.E. 19.
- (1924). "Neurosis and psychosis." S.E. 19.
- (1924). "The loss of reality in neurosis and psychosis." S.E. 19.
- FREUD, S. (1926). *Inhibitions, Symptoms and Anxiety*. S.E. 20.
- (1927). "Fetishism." S.E. 21.
- (1940). "On splitting of the ego in the process of defence." S.E. 23.
- GUNTHER, H. (1964). *Personality Structure and Human Interaction* (London: Hogarth; New York: Int. Univ. Press).
- HARTMANN, H. (1950). "Comments on the psychoanalytic theory of the ego." In: *Essays on Ego Psychology* (New York: Int. Univ. Press; London: Hogarth, 1964).
- (1955). "Notes on the theory of sublimation." *ibid*.
- (1956). "The development of the ego concept in Freud's work." *ibid*.
- JACOBSON, E. (1964). *The Self and the Object World* (New York: Int. Univ. Press; London: Hogarth).
- KERNBERG, O. (1966). "Structural derivatives of object relationships." *Int. J. Psychoanal.*, 47.
- KLEIN, M. (1932). *The Psycho-Analysis of Children* (London: Hogarth).
- (1935). "A contribution to the psychogenesis of manic-depressive states." *Int. J. Psychoanal.*, 16.
- KRIS, E. (1955). "Neutralization and sublimation: observations on young children." *Psychoanal. Study Child*, 10.
- NUNBERG, H. (1955). *Principles of Psychoanalysis* (New York: Int. Univ. Press).
- RINSLEY, D. B. (1962). "A contribution to the theory of ego and self." *Psychiat. Quart.*, 36.
- SCHILDER, P. (1935). *The Image and Appearance of the Human Body* (London: Paul, Trench, Trubner).
- (1953). *Medical Psychology* (New York: Int. Univ. Press).
- SPITZ, R. (1957). *No and Yes: On the Genesis of Human Communication* (New York: Int. Univ. Press).
- (1959). *A Genetic Field Theory of Ego Formation* (New York: Int. Univ. Press).
- WEISS, E. (1950). *Principles of Psychodynamics* (New York: Grune & Stratton).
- (1960). *The Structure and Dynamics of the Human Mind* (New York: Grune & Stratton).

THE MECHANISMS OF DEFENCE¹

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Introduction

I believe there to be a significant gap in the psychoanalytic theory of the mechanisms of defence. I shall try to bring out the nature of this gap and shall then propose a means of filling it. Clinical and technical considerations will play important parts in the development of my thesis. But it will be necessary, first, to set the scene within which this theoretical problem exists. In the course of setting this scene, I shall try to make it plain that the problem of defence is a special instance of a general problem in psychoanalytic ego psychology. Briefly, this general problem has to do with a lag in the explicit and systematic development of dynamic propositions concerning the ego system.

The Theoretical Scene

Beginning with the appearance of *The Ego and the Id* (Freud, 1923), much has been written on the right understanding of the ego as a structural-functional and energetic development. It has come to be said that the ego is a structure defined by its functions. This structure emerges by a process of differentiation from an undifferentiated id-ego matrix, and it becomes the distinctively human organ of adaptation. As a rudimentary organ, the ego takes shape around certain primary autonomous functions and apparatus. Normally, it goes on steadily to expand its scope, refine its functions, and tighten its synthesis. The ego's development is marked by the attainment of secondary autonomous functions, those which originate in conflict and, through the intervention of the ego, become independent of their origins. Numerous primary and secondary autonomous functions have been assigned to the ego structure. Some of these functions are defensive or outgrowths of defence.

As to its economics, the ego is now said to be a system that is constituted by, works with, and increases the supply of psychic energies that are

neutral or more or less neutralized. It is neutral and neutralized energies that make it possible for the ego to serve as an organ of adaptation, to endure against the onslaught of the unadaptive instinctual drives, and even to modify these drives as well as archaic reaction-tendencies of the organism and use them for its own purposes. The ego's defences are commonly spoken of as counter-cathexes.

Around such conceptions as these, and based on them as on a foundation, there have been developed extensive clarifications, coordinations, and reformulations of central psychoanalytic propositions. These propositions concern maturation, development, object relations, sublimation, the reality principle, moral codes, and so forth.

Among those who have laboured productively on these foundations and developments, one man, Hartmann, of course stands out (Hartmann, 1939, 1960, 1964; Hartmann, Kris, and Loewenstein, 1964). He and those who have worked with him, or followed his lead, or, like Rapaport, worked partly independently along the same lines, have shown us in what manner and how far this theoretical endeavour can be carried correctly. They have also shown both the need for and the nature of new psychoanalytic conceptualizations and propositions, and thereby have contributed new understanding of psychic events. Here, I can neither summarize this rich and unfinished epoch of psychoanalytic theorizing nor trace its origins in Freud's writings, though both efforts would, I believe, bring my own thesis concerning the mechanisms of defence into sharper focus.

I want to point out that the type of ego psychology I have just outlined is essentially biological in orientation. It centres on one fundamental question: How is it possible for the ego to develop and survive as an agency of biological adaptation? Within the scope of this question falls the makeup of this agency, its

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limits, and the influences acting on it as well as the influences it exerts on other aspects of the person and on the environment. Specifically psychological propositions concerning the ego are, of course, much in evidence, though formulated now in terms compatible with the framework of biological adaptation. This ego psychology views the environment, too, from a biological vantage point: its basic concern is the survival value inherent in the mutual adaptations or accommodations of the individual and the human species. Recognizing that the developing ego's environment is largely man-made, man-thought, and man-populated, it also brings into play sociological and historical considerations—but consistently in the service of its biological orientation.

Throughout his *Ego Psychology and the Problem of Adaptation* (1939), Hartmann tries to drive it home to his readers that his is a biological orientation. He does so by frequently bringing in the word *biological* to clarify his context, intent and meaning. He wants it to be understood that he is using certain biological concepts concerning adaptation to implement his theoretical strategy. The strategy aims to give stable, explicit and interrelated theoretical places to the psychoanalytic concepts of structure, function, energy transformation and object relations. These concepts had acquired a new significance for psychoanalysis in the twenties and thirties, and they needed a better theoretical home than they had. They also necessitated a reconsideration of the general theory of the instinctual drives of the id.

I shall not say more about the objectives of Hartmann's strategy. I want to call attention to one of its limitations—and every strategy does have its limitations. I hope to show that by noting this limitation and attempting to transcend it we shall be better able to appreciate certain aspects of the mechanisms of defence which, if not altogether new, are at least frequently ignored or not fully appreciated in expositions of theory and technique.

The limitation I have in mind is a *relative* neglect of dynamic propositions concerning the ego. I emphasize the word *relative*. As long ago as 1943, Hendrick called attention to this neglect: reminding his readers of Freud's warning that the ego is part of the id and not merely an executant agency, he said, "... the ego must be regarded as fundamentally dynamic,

if we are to progress in its study..." (1943, p. 562). What Freud and Hendrick seemed to have in mind, and what I mean to emphasize, is an explicit and elaborated dynamic conception of the ego system.³ According to this conception the ego is to be viewed also as an interrelated group of motives: motives that have certain features in common, so that they may be said to belong to the same system; motives that tend to use cognitive, affective, and motoric functions in similar ways and to organize mental contents along similar lines. I might call your attention at this point to the somewhat indirect and diffuse vocabulary for ego motives that has evolved over the years: with this vocabulary, the ego may be said to include interests, values, ideals, and moral codes; the ego may be said to set aims or goals, to deploy and transform energies, and to exert influences; it may be invaded by or assimilate instinctual (id) derivatives; but rarely is the ego simply said to wish—or, to put it more correctly, rarely are motives or wishes as such attributed to the hypothetical system *ego* explicitly. Let me underscore it here that I am speaking of explicit theory and not of clinical practice; in clinical practice, analysts are much more at home with dynamic formulations touching on the ego—they have to be. What is wanting is a confrontation of the implications of clinical usage for ego theory.

It may be thought absurd and arbitrary that I speak of a neglect of dynamic propositions in this regard. After all, psychoanalysts regularly and necessarily speak of the ego's conflicts with the id, the superego and external reality; they speak too of the ego's internal conflicts; and surely conflict is the essential dynamic term. Yet, if one looks closely at the prevailing terms of contemporary ego theory, one finds that the antagonists in the instance of id-ego conflicts, for example, are on the one side id wishes and on the other side defensive ego functions or substructures or the ego structure as a whole. Briefly, it is the wish pitted against the function. We encounter here a shift in conceptual orientation as the focus moves from the id to the ego: structural propositions concerning the ego replace dynamic propositions concerning the id. It is no departure from this double conceptual orientation to speak of instinctualized functions: that concept refers to functions seeming to take on sexual or aggressive significance, and it is really a hypothesis that the functions are now

* That Hendrick was attempting in this regard to buttress his questionable postulation of an instinct of mastery in the ego does not, I think, invalidate his general point.

being fed by relatively unneutralized energy (i.e., from the id). The question of wishes is not raised because it has no place in this theoretical strategy.⁴

When put in the economic terms that prevail today, this id-ego conflict reads: motivational cathexes of the id versus nonmotivational counter-cathexes of the ego, the latter being cathexes controlled by ego functions and drawn from other functions, from a "reservoir", or from drives themselves. Defence is counter-cathexis, that is, energy expended against the expression of drives, and not a force really, in that even though it is being used for a particular purpose, it is energy fundamentally unassociated with any particular aim.

What we miss is an internally consistent dynamic formulation. This formulation would speak in terms of ego wishes pitted against id wishes. By the same token, we miss a consistently carried through structural formulation. It would speak either in terms of id functions interacting with ego functions; or it might speak in terms of psychic functions showing a mixture of characteristics, some of which may be sorted out as "id" and others as "ego". It would be easy to document this point about the ego-psychological literature, but I wish to get on to the more circumscribed topic of the mechanisms of defence.

For the sake of historical perspective and conceptual clarity, however, I must add one more set of considerations. There was once an explicit and truly dynamic ego theory. It existed during the period when Freud opposed ego instincts to the instinctual drives. After Freud tore down that theoretical scaffolding, which he had good reason to do, he constructed a new dualism—Eros versus the death instinct—and, partly on this basis, went on to elaborate his tripartite conception of the psychic apparatus. From that time on his general ego theory was essentially economic and structural-functional in nature. Freud's unfailing regard for dynamics asserted itself, however, in his many anthro-

pomorphic descriptions of the ego at work: the ego as a rider, a servant, a victim, a seducer, a despairer, and the like. Although these graphic descriptions are close to subjective experience and the psychoanalytic situation, they do not, as they stand, merit the name *theory*, and they are certainly not on a par with the new theoretical contributions that got Freud into this predicament. They are literary dynamics, not systematic dynamics.⁵

Moreover, this entire development left Freud with an unsolved theoretical problem, namely, how to account for the dynamically unconscious status of defences themselves. Along with the dual instinct theory, the observation that defences are dynamically unconscious played a decisive part in Freud's advancing the structural theory in *The Ego and the Id*. The necessity of explaining this theoretically crucial observation has received scant attention since 1923. It was only recently that Gill (1963) fully recognized the problem's systematic importance and attempted to deal with it at some length. Eissler's (1959) somewhat earlier and less extensive approach to the problem also deserves mention here. Although my own discussion owes much to Gill's, it is not developed in the same way and is not altogether compatible with it.

This introductory survey has been meant to set the scene for conceptualizing the mechanisms of defence as motives or wishes, that is, as dynamic tendencies having mental content. The gap in theory I referred to in my opening statements is the absence of a dynamic view of the defence mechanisms themselves. To fill this gap it is necessary to rediscover the dynamic, meaningful content that is the referent of the abstraction *mechanism*. This content includes wishes, fantasies, alterations of representations and shifts of emphasis. One might call my objective a dynamic microanalysis of defence mechanisms. The achievement of this objective will not controvert existing formulations; it will systematize an additional approach to the same

⁴ Nor is the problem dealt with by assertions that the motivational aspects of ego structures or functions are "understood". Implicit propositions cannot be tested and applied systematically. If anything, tacit understanding usually impoverishes theory just as it usually impedes clinical analysis.

⁵ Only in recent years has a beginning been made in translating these formulations into the language of self representation and object representation (Hartmann, 1950; Jacobson, 1964). That language is well suited for systematic Freudian dynamic propositions. Guntrip (1967), in a related context, has recently argued that object-relations theory is working in this direction. He

tries to show that Klein, Winnicott, and, especially, Fairbairn have been developing the truly psychodynamic, as opposed to the biological-mechanistic, aspects of Freud's theories. In contrast to my view that Freud's structural theory is based on instinct theory and is the culmination of his biological (economic and structural-functional) trend of thought, Guntrip sees the structural theory as the source of the psychodynamic theory of object relations. I suggest that Guntrip is responsive, not to the structural theory as such, but to the phenomena for which Freud was trying to provide a theoretical framework, such as the child's internalization of his early experience with object relations.

phenomena. I further believe that the approach I shall outline sheds light on the problem of the dynamically unconscious status of these mechanisms. Additionally, it seems to shed light on certain problems of technique concerning the analysis and working through of defence in the resistance. And finally it will, I hope, establish the importance of developing further the dynamic side of ego psychology. Insofar as it succeeds, this approach should improve the coordination of propositions concerning the ego, the defence mechanisms, and the technique of analysis.

I must emphasize that I shall be concerned with the dynamics subsumed under *defence mechanisms*: not with the motives of defence; not with the general subject of resistance, which takes in more than defence mechanisms; and not with the widespread and imprecise or onesided use of the word *defence* by itself, according to which any tendency that clashes with and more or less overrides another tendency is said to be a defence against it.

Problems Raised by the Concept of Mechanism

The word *mechanism* is defined in the *Oxford English Dictionary* as "a structure, or mutual adaptation of parts, in a machine or anything comparable to a machine"; also as "a system of mutually adapted parts working together." Other dictionaries offer similar definitions of *mechanism*. Accordingly, the word cannot fail to suggest machinery, substance, fixed arrangement of parts, automatic processing, and exact prediction of output. Thus, when applied to mental processes, mechanism has unfortunate implications: although numerous psychoanalytic propositions have mechanistic aspects, psychoanalytic thought itself is, I believe, fundamentally antipathetic to machine models of human functioning. This semantic consequence need not be decisive, however. The best way to establish the meaning of a word or term is to study its uses and their effects, and so let us turn next to the term's appearances in the psychoanalytic literature.

It is possible to discern significant traces of the machine analogy in the prevailing conception of defence mechanisms. A defence mechanism is usually regarded as working automatically once it is triggered by an anxiety signal, in much the same way that a machine is set in motion by a switch's being thrown. Also, the output of the defence mechanism is regarded as exactly predictable: the same mechanism produces the

same result each time; e.g., a projection or a denial. Yet, the analogy holds only on the most macroscopic level of description for it is obvious that the content being ward off by defence is never exactly the same, the situation is never exactly the same, and so the end product is never exactly the same. For example, however stereotyped in appearance the reaction formation of kindness may be, it is ordinarily more or less suited to the occasion on which kindness serves a defensive purpose. In this respect the defence cannot be purely automatic and entirely predictable. Specificity of defensive expression indicates the limitation of the machine analogy.

Macroscopic description is useful when one is viewing psychic processes from a distance; from that vantage point the observer will be impressed mainly by the regular and uniform aspects of those processes. Accordingly, he may appropriately introduce the assumptions that functions operate automatically and in a fixed, rigidly structured manner. From a distance, mechanisms may be conceptualized as tools of mental functioning, available for a variety of purposes but not themselves purposive. Yet macroscopic description should not be the only recourse available to theory and technique. Knowing that preconscious and unconscious processes can work with astonishing speed, precision, subtlety and ingenuity, one need not cling to the machine analogy and "automatic" defences in order to account for the consistency and adroitness of defensive processes. Clinical analysis is conducted at a lesser distance from psychic processes than that at which the term *mechanism* is useful. For example, in their resistances, some patients maintain the greater distance when they represent themselves as passive, helpless observers of their "mechanisms," "habits," (or some equivalent term); the analyst seeking to develop the patient's awareness of his own activity and intentionality in defence must help bring about a decrease in the distance from which the patient views his own mental processes (Schaffer, 1968b).

There is a second major aspect of the psychoanalytic usage of *mechanism* in the phrase "mechanism of defence": the usage implies a hypothetical baseline condition of ideas, feelings and impulses. This condition is that the idea or the feeling or the impulse be freely available to conscious thought. Free availability is indicated by the ease, clarity, constancy, appropriateness, and lack of distortion with which a mental content may be represented

consciously. Deviations from this hypothetical baseline condition are classifiable in terms of the mechanisms of defence: thus, if the content is simply excluded from conscious representation, we speak of repression; if it is conscious but located in another person, we speak of projection; if it is disguised as a developmentally earlier form of ideation, feeling or impulse, we speak of regression; and so forth. It is important to note about this aspect of usage that mechanism refers less to how any deviation comes about and more to one descriptive aspect of the deviation itself. The "machinery" or, more properly, the complex dynamic-cognitive process that constitutes the defence is not made obvious by its name. Eissler (1959) has made a similar observation.

Although Freud described and named a number of the deviations we call mechanisms, he tried systematically to detail the coming about of only one—repression (Freud, 1915a, 1915b). In this effort he essentially fell back on purely economic formulations. He held that repression is effected and secured by preconscious cathexes being withdrawn from the undesirable content and counter-cathexes being directed against it. Although he did indicate in some places that the intensification of another mental content could constitute the defensive counter-cathexis, he never built this proposition into his systematic treatments of repression or defence in general. Perhaps he took it for granted that every cathexis, including counter-cathexis, is necessarily attached to a representation and must ultimately be thought of as an aspect of goal-directed processes or motives. But in his explicit theoretical formulations, the inner workings of defence remained for him mainly an enigmatic affair. Freud's clinical formulations are considerably richer in psychological texture than his metapsychological ones, as a few quotations soon to follow will show.

And neither did Anna Freud (1936) attempt systematic conceptualizations in this regard. However rich her book is in other respects, its account of the mechanisms as such stayed on the taxonomic level. The same is largely true of Fenichel's major summaries of the subject (Fenichel, 1941, 1945). Hartmann's (1950) systematic contribution to this question of the inner workings of defence mechanisms has, like Freud's, remained in the economic sphere: he has hypothesized that defences owe their "fight" or oppositional character to their working with aggressive energy that has been

only partly neutralized; he views this hypothesis as possibly helpful in understanding, for example, the aggressive discharges that so often follow upon the interpretation of defence. Although it is a possibly helpful hypothesis, it is not the only one possible. Hartmann is appropriately tentative on this point. Be that as it may, when looking at the defence mechanisms from the standpoint of general ego psychology, Hartmann has regarded them as being constituent *functions* of the ego. For what he has been attempting in the way of theory, this is as it should be.

A Dynamic View of Defence "Mechanisms"

I have already indicated an additional approach to the defence mechanisms—the dynamic and the microanalytic. This approach has been available for some time. As I shall bring out in this part of my discussion, numerous starts have been made on it; yet its systematic and technical implications do not appear to have been recognized or fully appreciated. I shall give only a handful of examples.

Freud (1926) used the dynamic, microanalytic approach to defence mechanisms in *Inhibitions, Symptoms, and Anxiety*. It appears in his discussions of isolation and undoing. Of isolation, he said the following:

But in thus endeavouring to prevent associations and connections of thought, the ego is obeying one of the oldest and most fundamental commands of obsessional neurosis, the taboo on touching. If we ask ourselves why the avoidance of touching, contact or contagion should play such a large part in this neurosis and should become the subject-matter of complicated systems, the answer is that touching and physical contact are the immediate aim of the aggressive as well as the loving object-cathexes. Eros desires contact because it strives to make the ego and the love object one, to abolish all spatial barriers between them. But destructiveness, too, which (before the invention of long-range weapons) could only take effect at close quarters, must presuppose physical contact, a coming to grips. To "touch" a woman has become a euphemism for using her as a sexual object. Not to "touch" one's genitals is the phrase employed for forbidding auto-erotic satisfaction. Since obsessional neurosis begins by persecuting erotic touching and then, after the regression has taken place, goes on to persecute touching in the guise of aggressiveness, it follows that nothing is so strongly proscribed in that illness as touching nor so well suited to become the central point of a system of prohibitions. But isolating is removing the possibility of contact; it is a method of

withdrawing the thing from being touched in any way. And when a neurotic isolates an impression or an activity by interpolating an interval, he is letting it be understood symbolically that he will not allow his thoughts about that impression or activity to come into associative contact with other thoughts (pp. 121-122).

Although not explicated by Freud, further aspects of his meaning are, I think, apparent. They come to this: what, on a taxonomic level, we call obsessional isolation is, in dynamic terms, an intrapsychic enactment of not touching, hence not engaging in the anal-sadistic acts of masturbating, soiling, killing, playing, observing the primal scene, making babies, and so forth. This enactment is disguised: it is displaced to other content, symbolized, or shifted to higher levels of cognitive, motoric and affective processes and subjective experience; and the physical mode of not touching is modified to suit its new context. I might add that isolated thoughts with hostile content *are* a kind of bombardment from long range—a form of ambivalent and gratifying touching that, magically, requires no actual contact; one sees and feels this in the obsessional transference. One may therefore amend Freud's point to include touching in the meaning and uses of the "mechanism" of isolation.

Touching and not touching, or engaging and not engaging in certain activities: this way of putting it implies that the "mechanism" is simultaneously the instinctual act and the defence against it. The implication is intentional. Later in this paper it will play an important part in explaining the dynamically unconscious status of the defence mechanisms. Here I will merely note my awareness that the point has the effect of beclouding the distinction between mechanisms and symptoms.

Of undoing, Freud said:

It is, as it were, negative magic, and endeavours, by means of motor symbolism, "to blow away" not merely the *consequences* of some event (or experience or impression) but the event itself. I choose the term "blow away" advisedly, so as to remind the reader of the part played by this technique not only in

neuroses but in magical acts, popular customs and religious ceremonies as well. . . . The neurotic person will try to make the past itself non-existent. He will try to repress it by motor means. The same purpose may perhaps account for the obsession for *repeating* which is so frequently met with in this obsessional neurosis and the carrying out of which serves a number of contradictory intentions at once. When anything has not happened in the desired way it is undone by being repeated in a different way; and thereupon all the motives that exist for lingering over such repetitions come into play as well (pp. 119-120).

Here I believe that Freud's choice of the "blow away" metaphor to be even more suited to his purpose than he makes explicit (remember) that his context is the obsessional neurotic's defensive regression to anal-sadism): "to blow away" by magical means I take to include a reference to fantasies about the creative, curative and annihilating powers of flatus, breath and wind in general. These fantasies render the meaning of undoing and indicate the wishes it expresses. Freud also indicates that repetitive undoing seems to signify, hence to gratify, both the instinctual wish and the defensive wish pitted against it: he speaks of its simultaneously serving contradictory intentions and of its being lingered over. The defence of undoing emerges as also being a disguised, delimited wishfulfillment that is useful for counterdynamic purposes. Here Freud is not concerned with distinguishing mechanisms from symptoms.⁶

The clinical illustrations included in Anna Freud's (1936) classic work, *The Ego and the Mechanisms of Defence*, are instructive in this same connection. The section on defensive altruism, for example, is particularly rich in implications: the projections, identifications, and other mechanisms that establish the altruistic position make it possible for the subject to experience rages, raptures, and reliefs of tension that come pretty close in certain respects to direct instinctual expression. One must therefore read these examples in two ways—as showing how instinctual gratification is blocked from direct, transparent expression by defensive activity, and as showing how the person's defensive activity insures the maximum of

⁶ Eissler (1967) has suggested that in these discussions Freud was referring to symptoms in which mechanisms are operative and not to mechanisms taken by themselves. I see Freud as being ambiguous on this point, and it makes more sense to me to see in the ambiguity the difficulty of excluding dynamic content from mechanisms. This difference of interpretation recurs below in con-

nection with Waelder's discussion of homosexuality in paranoid projection. Eissler has also suggested that it is sounder to think of ego motives as activating mechanisms rather than as essential elements of mechanisms themselves—but this suggestion imputes a reality and separateness to the mechanisms that it is my purpose in this paper to question.

instinctual gratification possible under conditions of danger. From the study of such examples as these, the defence mechanisms emerge as agents of gratification, albeit not of the most direct gratification. If the mechanisms are not themselves gratifying (though they may be), at least they lead to gratification (Eissler, 1953). Thus, substitute satisfaction is not necessarily a matter of getting around defences, corrupting them or compromising with them: substitute satisfaction may be an aspect of defence itself. Yet, as it was Anna Freud's purpose in this book to examine the ego's enmity to the id, she did not emphasize that in all its activity, including the defensive, the ego still owes allegiance to the id. Nevertheless, she implicitly portrayed the ego as being part of the id too, that is, as motivated to insure the gaining of instinctual pleasure and the avoidance of pain—even in its methods of defence.

But to see the defence mechanisms as double agents clears up only part of the mystery. Additional details emerge from further close scrutiny of the defensive methods themselves. I have already cited Freud's discussion of isolation and undoing as concrete, physical, instinctualized acts carried out in fantasy or symbolically. I shall add and then discuss a few more observations I have culled from the literature.

The next observation is included in Waelder's (1930) valuable methodological contribution, "The Principle of Multiple Function". Speaking generally, Waelder says:

According to this principle of multiple function the specific methods of solution for the various problems in the ego must always be so chosen that they, whatever may be their immediate objective, carry with them at the same time gratification of the instincts. However, in the face of the dynamic strength of human instinctual life this means that the instincts play the part of choosing among the possible methods of solution in such a way that preferably those attempted solutions which also represent gratification of the dominant impulses will appear and maintain themselves (pp. 55–56).

In then discussing the mechanism of projection from the point of view of this general principle, Waelder points out:

A . . . relation seems to exist between the disposition for passive homosexuality and the solution method of paranoid projection too. In a situation of conflict each method of solution which perceives an experi-

ence as coming from the outside and itself passively surrendering to these outside forces, is an attempted solution for certain problems, is gratification of love and hate relationships, defence reaction, and others such. *Moreover, the attempted solution (the projection) is itself gratification of the passive homosexual impulse tendency* [my italics]. This perhaps renders understandable why this mechanism (that is, attempted solution) of the paranoid projection appears even exclusively or preferably in the case of passive homosexual impulse disposition—which is to say that perhaps thereby the association of homosexuality and paranoia, for the time being purely empirical, becomes understandable (pp. 56–60).

Note that in the terms of Waelder's discussion, what we call the defence mechanism of projection is to be seen also as the expression of a wish to be penetrated homosexually; the paranoid projector has constructed a wishful disguised fantasy of his being penetrated homosexually, and he selects a defensive method that enacts that fantasy.⁷ In one respect the projective defence preserves in its form the mode of the repudiated wish, while it changes the wish's manifest content. It may well be that each mechanism preserves an id mode. If so, here is an important point of continuity between the id and ego. Although this observation has been made by others (e.g., by Anna Freud, 1936, p. 192), it has typically been viewed as an instance of a sharply segregated ego's taking over primitive drive characteristics for its own purposes.

As the mechanism of projection is well suited to my purpose, I shall stay with it for a while longer. Thus far projection has been observed to be, from one point of view, a defence mechanism and, from another, a wishfulfilling homosexual fantasy. The micro-analysis is not complete, however. It is possible to sort out at least two more aspects of this mechanism, namely, its entailing both an alteration of representations and a shift of emphasis. These two are often, perhaps always, interrelated. Concerning the former, projection clearly involves a change in the self and object representations. In particular, it requires a shift of content across the borders that have developed between the two types of representation. How might this shift be accomplished? Something must change at the borders. The boundary lines must become temporarily blurred or obliterated. This change implies a significant degree of dedifferentiation of the self and object, a regressive merging of the two. As Jacobson

⁷ See footnote 6. See also Waelder's generalization of this point in Zetzel (1954).

(1964) has shown, this merging itself constitutes a kind of pregenital union with mixed elements of annihilation and libidinal gratification. Furthermore, the subsequent redifferentiation of representations establishes the object as now being the possessor of the subject's own libidinal impulse: there has occurred an emptying out of the subject's own impulse into the object.

Other investigators have emphasized the fantasies of spitting out, defaecation and being devoured that are realized through the projective alteration of representations.

I think there is some value in adding this much to Waelder's interpretation of projecting as homosexually gratifying fantasy. The value lies in enlarging the account of projecting to include the regressive, destructive, and satisfying symbiosis and the sense of loss or riddance of personal impulse and substance, and with these of archaic internal objects. One must remember in this regard that of all patients it is the schizophrenics who make the most extensive and drastic use of projection. Yet their dynamics and the vicissitudes of their self and object representations are not exhausted by the homosexual interpretation, even when their symptoms are predominantly paranoid. The homosexual issue is not even central to all aspects of the schizophrenic's paranoid use of the mechanism of projection. In our current psychopathology of schizophrenia, we emphasize the importance of the deeper regressive phenomena of dedifferentiation and loss of personal impulse, substance, and objects, and we consider it to equal, if not exceed, that of the homosexual conflict.⁸ Partly on this account, and partly on account of recent advances in the study of self and object representations, we are in a position to go beyond Waelder's brilliant observation and formulation.

I also mentioned the shift of emphasis involved in the mechanism of projection. It is well known that the paranoid person directs his projections at those who may rightly be said to harbour the impulses, feelings, or ideas of which they are accused. The projection is hung on a peg in reality. It asserts an essential truth. The expression of this truth may, of course, be obscured by symbolization, displacement, fragmentation and cryptic locutions. It is to the truth in the paranoid assertion that Waelder (1951), in another paper, ascribes the assertion's inaccessibility to influence. In respect of this

truth, we may regard projection as a shift of emphasis—a shift from one's own impulse, feeling or idea to the other person's.

Putting the accent in this way on what is outside oneself can do more than help avoid anxiety and guilt. If we look at this shift from the side of the id, we can see that it provides the subject an opportunity to enjoy his own excitement vicariously. The form of the enjoyment is now passive rather than active in that the subject is being responsive to the excitement of the object; in this passive aspect we can discern oral and anal as well as homosexual gratifications. White's (1963) supplementary analysis of the Schreber case brings out the oral emphasis convincingly, I think.

If, next, we look at the shift of accent from the side of the ego wish to be aware of inner as well as outer reality (it may be viewed as a wish as well as a function), we see that the projector can at least become aware that there is excitement in the air, that there is something to be excited about, and thereby to keep in some kind of touch with himself. In the treatment situation, the patient much given to projection often seeks to find his emotional life in what he emphasizes about the therapist. Among the reasons why it does not advance the therapy to point out to the patient that he is projecting is that that interpretation is likely to contain an ultimate falsehood. The potentially productive point to make to the patient, at least in beginning the analysis of his use of projection, if one begins it at all, is that he is emphasizing something he believes to be true of the therapist and that he must be doing so for some reason. Around the question of emphasis there is some room for discussion; around the question of projection, so named, there is usually none.

Later phases of the analysis of projection gets into matters that I emphasized earlier: the patient's search for his emotional life in the therapist's; the passive experience of his impulses; the relation of anxiety and guilt to both his active and passive experiences; the oral, anal and homosexual significance of the shift of emphasis; and the pleasure and dread of merging with the therapist. There are, no doubt, other things to take up too. These remarks are not an attempt to exhaust the topic of projection, but I do consider them to indicate the requirements for an analysis of the "mechanism" of projection itself.

⁸ See also Bak (1946) on paranoia as delusional masochism.

In making these remarks, I have been assuming, of course, that the patient has been using projection in a way that needs to be and can be analysed: I am aware that projection need not be defensive; that people can use projection in empathizing, participating in group solidarity, or engaging in other such ordinarily useful activities that do not of themselves demand analysis; and that neurotics too use projection, though also that they do so in a more limited, less significant way than severely paranoid patients. So much for projection.

Klein and her followers tend to be matter of fact about dynamics in defence mechanisms. For example, speaking of denial, Klein (1946) says:

The denial of psychic reality becomes possible only through the feeling of omnipotence which is characteristic of the infantile mind. Omnipotent denial of the existence of the bad object and of the painful situation is *in the unconscious* [my italics] equal to annihilation by the destructive impulse. It is, however, not only a situation and an object which is denied and annihilated—it is an object relation which suffers this fate; and therefore a part of the ego, from which the feelings toward the object emanate, is denied and annihilated as well (p. 102).

Here Klein is saying, in one respect, that the use of a mechanism is a psychic act like any other and so is represented "in the unconscious" in a particular way—in the case of denial, as an assault on the self, on the object, and on the relation between the two. One need not subscribe to all aspects of Kleinian theory to appreciate this point. It is in harmony with the Freudian formulations presented earlier. It is, however, most interesting to observe how regularly Klein, Winnicott, Fairbairn and others of the English school refer to defence mechanisms in terms of dynamic mental content and even name them accordingly.⁹

I shall touch only briefly on a number of the other mechanisms of defence. The use of introjection as a defence mechanism parallels

that of projection in the complexity of its dynamic significance, and this parallel need not be detailed here. Merely to indicate its link to my thesis, however, I shall remind you of how introjection realizes the wishful fantasy of incorporating the object orally for purposes of regaining omnipotence and effecting destruction or preservation of the object.

Reaction formation has been described so often as gratifying the very impulse it is supposed to be warding off that no more than this need be said about it.

Of regression as a defence it is generally assumed that it continues the gratification of the warded-off impulse in the mode of an earlier instinctual position.

Displacement one takes for granted as being a path toward discharge. For my final instance, I shall quote Fenichel (1945) on repression:

Sometimes repressed ideas are felt as objects that have been removed from the ego. . . . At other times repressed ideas are felt as if they had been swallowed. . . . Dreams occurring in the course of an analysis often show that the repressed material is unconsciously looked upon as swallowed food, or even as feces or vomitus (p. 149).

To this it may be added that obvious gaps in memory during an analysis may stand for an association to the female genitalia; in this case the intermediate link between the two may be the sense of exposed defect or incompleteness together with an invitation to the analyst to "fill it in." Freud (1900 pp. 332–333) linked gaps in dreams with representations of the female genitalia. It has seemed to me that spot representations, creating voids in the mind during analytic hours, tend to increase in frequency when the analytic material bears on feminine wishes and organs and on castration. (Eissler [1959], recording a similar impression, has linked it to isolation rather than repression.) Even the patient's memory of an interpretation that bears on castration may soon have a "hole" in it. In

⁹ These analysts come to this strength and freedom in the dynamic realm through weaknesses and constriction in other aspects of their general theory. Their theoretical strategy has its price, too—in some aspects of Klein's thinking it even costs one's sense of reality—but, apart from its problems, this strategy often appeals to one's clinical-technical imagination more strongly than do some aspects of the current Freudian theoretical strategies. This is not the place to discuss at length the weaknesses, constriction and problems I refer to in the *theoretical* contributions of Klein, Winnicott and Fairbairn. Briefly, I have in mind Klein's propositions about the death instinct and inborn patterns of object relationship (see also Guntrip, 1967); the improvisational aspects of many of Winnicott's formulations which, illuminating as

these formulations are, prevents their being *systematic* statements or easily fitted into such statements; and, in regard to Fairbairn's (and Guntrip's) systematizing efforts, their weakness in accounting for the stability and organization of higher—cognitive and regulatory—mental processes, those features of the human mind on which Hartmann, Jacobson, Rapaport and many others, following Freud, have spent much necessary and productive effort. I might mention only this, that Guntrip (1967), in equating the concepts ego and self, passes over one of the thorniest problems persisting in the general theory of psychoanalysis. I have discussed this point at some length elsewhere (Schafer, 1967, and especially 1968a).

another vein, as Freud noted more than once, to repress the name or memory of a person may express the wish that the person die or the wishful fantasy that he has died. As it is, repression of all the mechanisms that gives the appearance of being the most lacking in content or added meaning, and of being simply an economic (decathectic and anticathectic) process, it is especially important to note instances where it emerges as an oral, anal, phallic, protective, reparative, or destructive act. Repression should not be exempted from close-up dynamic analysis.

I have by now referred to dynamic elements of isolation, undoing, projection, denial, introjection, reaction formation, regression, displacement and repression. It is possible to sum up these observations in the form of two interrelated propositions. First, each defence mechanism refers to psychic processes with some degree of discharge value, i.e., some potential for reducing tension or yielding pleasure; it inherently provides discharge, or leads to it, or both.

Secondly, each defence mechanism simultaneously makes a negative and positive assertion. Its negative assertion—that something is not so—is the one we are accustomed to putting into words. Depending on the specific defence, it takes such forms as these: "There is nothing there;" "It's not I;" "I disapprove of it;" "There's no connection;" "I can't feel it;" "It never happened;" and so forth. The positive assertion—that something is so—is the one we ordinarily think of in terms of unconscious wishful fantasy and do not relate to defence theory. Depending on the specific defence, these positive assertions take such forms as these: "I am thinking of castration;" "I do have a penis;" "I am omnipotent;" "I am fully fed;" "I keep hands off;" "I swallow her;" "I kill him;" and so forth. The primary defences being close to the primary process, and there being no No in the primary process, the content of defence cannot be fully described in negative terms.

I submit that the study of the defence mechanisms will remain incomplete so long as they are regarded chiefly as wardings off, renunciations and negative assertions; their study will have to be rounded out with an account of defences as implementations, gratifications, and positive assertions. In other words, they must be viewed as expressing the unity of the ego and id and not just the division and enmity of the two. It is also

possible that unclear issues of activity and passivity in defence may be dealt with in these terms. I have only indicated the feasibility of such a study and the lines along which it might be carried out.

To derive one plausible consequence of this part of my discussion, I suggest a way to understand the apparent successes among the analytic treatments conducted during the early days of psychoanalysis. In those days, it seems, there was not that subtle and disciplined analysis of the ego which today we pride ourselves on. Then, the analysis of defences, of resistance in general, was, we are told, not developed; analysts concentrated on the unconscious, the instincts and their derivatives, what we now call the id. According to our present theory of technique, no truly analytic successes should have occurred in the old days, and the apparent cures could only have been based on unanalysed resistance involving shifts of defences, the formation of substitute symptoms, and flights into health. But perhaps we are wrong to think so. If there is any merit in my proposal that the defences are dynamic content and must be analysed in dynamic terms, then we can say that early psychoanalysis probably involved a considerable amount of unrecognized, perhaps unsystematic, but still effective analysis of the defences. This analysis may have been thought to be simply analysis of symptoms, unconscious fantasies or instinctual derivatives. Present-day analysis too—perhaps especially Kleinian analysis—may be proceeding in this fashion. I cannot prove this derivation, but it does accord better with my impression that many of the early pioneers in psychoanalysis were exceptionally perspicacious; it is hardly likely that they were oblivious to problems that we now consider to be those of defence. One can consider these possibilities without denying that there has occurred progress in technique and that this progress has been tied to progress in theory. A spot check of some early papers by Abraham (1910, 1912, 1919), seems to support my derivation.

Other Formulations Concerning the Dynamic Content of Defence "Mechanisms"

Attempts have been made to account for these observations of defence mechanisms as dynamic content. These attempts are of several types. Sometimes, especially in the case of reaction formation, the observations have been dealt with as instances of a "return of the

repressed," in which regard they may now be conceptualized as instinctualization of ego functions. At other times these observations have been subsumed under secondary gain, in which case they have been conceptualized as developments of a superimposed and theoretically inessential nature. On occasion, analysts have attempted to cope with these complexities by speaking of defences as symptoms or of symptoms as defences, but these transpositions really only point to the problem; they do not settle it. And sometimes, in their attempts to deal with this problem, analytic writers have shifted their attention subtly from defence mechanisms to defensive drive emphases; they have then focused particularly on reversal and turning against the self, which lend themselves at once to dynamic conceptualizations of defence, and they have avoided the more difficult mechanisms.

Perhaps the dominant approach to this problem has been genetic in orientation. This approach refers to defensive dynamic content as being the infantile prototype or genetic precursor of the defence mechanism. The point is then made that "archaic reactions which in the early phases of development occur automatically later are tamed by the ego and used for its defensive purposes" (Fenichel 1945, pp. 146-147).

With the same explanatory orientation, Eissler (1959) presents the following formulation:

... I shall try to apply to isolation a statement Freud made about repression. In 1905, Freud established the position of repression in a genetic and functional context. He wrote: "Repression can, I suppose, be described correctly as the intermediate state between the defence reflex and repudiation." Generalizing this proposition about a specific mechanism, one may say that a defence mechanism is a station in the development from an action and/or a biologic apparatus to the highest ego function which can rise above the instinctual level under propitious circumstances and work, so to speak, uncontaminated by the biological structure of the organism. . . . The motor pattern that can serve as a prototype of repression is flight. . . . Flight, with the fleeing person's head turned toward the source of danger, may serve as the motor pattern prototype of isolation (pp. 56-57).

Eissler also calls attention to how defensive isolation may have its *genesis* in a fear of closeness, a divided reality situation such as ambivalent parental behaviour, ambivalence in the id, and a sharp division between a harsh superego and the rest of the personality.

It is obvious that genetic propositions of this sort are important for both theory and technique. They tend, however, to leave it unclear whether, how, and to what degree a prototype is to be included in the cross-sectional analysis of personality. It seems to me that, to some extent, it would have to be so included in that we assume, with Freud, that developmental advances are to a great extent shaped by and superimposed on early stages and do not replace them in the mind.¹⁰ For example, I think that the sensorimotor schemata alluded to by Eissler—flight with or without looking—would be among the unconscious, physically-felt versions of current defensive action. Along this line, Reich's (1933) approach to the analysis of character armour assumes that defence is grounded in the body.

A strictly cross-sectional approach to these dynamic observations is that set forth by Waelder through his principle of multiple function. I have already discussed his approach to the analysis of defence. I will add only that its being cross-sectional does not in any way preclude its assimilating developmental data and propositions into its formulations.¹¹

The Dynamically Unconscious Status of the Defence "Mechanisms"

On the question of the dynamically unconscious status of the defence mechanisms, the following points have already been made in the literature. (i) The recognition of a defence entails the recognition of what has been warded off; the defence must therefore remain unconscious along with the rejected content (Alexander, 1929). (ii) The defences share with the drives the qualities of being archaic, magical, dominated by the primary process, and frighteningly omnipotent. Accordingly, they are too close to the instinctual drives or instinctual mode to be tolerated in consciousness (Sharpe, 1930; Gill, 1963). (iii) If unchecked, the primary

¹⁰ It is an empirical question in each instance whether the prototype has gone out of existence.

¹¹ Recently, Brenner (1966) has attempted a limited application of this principle to the mechanism of repression, in the course of which he strives after a consistent dynamic formulation. Yet, although he speaks of forces of the id versus counterforces of the ego, he fails to follow through; the only specification of these ego

forces he offers is that they are countercathexes. A cathexis is not a force; it is the energetic aspect of a force, the other aspect being direction. Taken together, impetus and direction constitute a wish or a motive—a dynamic content and a clinical datum. The spirit of Brenner's contribution is, however, compatible with the spirit of my discussion.

defences or resistances tend to extend their spheres of influence; as this expansion would ultimately cripple the ego, the ego develops secondary resistances to avoid this consequence. It is then the secondary resistances that account for the dynamically unconscious status of the defence mechanisms (Eissler, 1953).

The merits of these formulations, or of the arguments on which they are based, are obvious or at least well worth considering. The formulations are not complete, however, in that they do not recognize that the term defence mechanism itself refers to an arrangement of dynamic contents. In this regard, to be aware—in the psychoanalytic sense of to have insight—of a mechanism of defence is to be aware of certain threatening tendencies, assertions, and gratifications that have been set in opposition to other, even more threatening tendencies, assertions, and gratifications. The hierarchic conception of defences as being layered, of a series of defences from the most archaic ones to the easily accessible preconscious ones, refers to a *continuum of conflicted positions*. It is this continuum of conflicted positions that is the empirical, clinical datum on which defence theory is based. Freud's relatively early formulation of the matter still holds, I believe:

... [We] shall do well ... to assume that to every transition from one system to that immediately above it (that is, every advance to a higher stage of psychic organization) there corresponds a new censorship (Freud, 1915b, p. 192).

As Rapaport (1951) and Gill (1963) have already proposed, Freud's formulation implies a series of hierarchically ordered id-ego positions, each of which acts as a defence against the position below it in the hierarchy, in which view the line between id and ego becomes a fluid and relative matter (see also Fenichel, 1941, p. 62). The hierarchic conception also makes it understandable that there are defences against defences, i.e., conflicted positions warding off other, more threatening and less gratifying conflicted positions.

A different point, advanced by Gill (1963), deserves to be considered in this connection:

... [A] defence mechanism is a theoretical abstraction of a way of working of the mind, which of course cannot become conscious (p. 96n).

Gill seems to be drawing an arbitrary distinction between theoretical abstractions and other

mental contents. Psychoanalysis is directly concerned with making the mind conscious of its workings, especially of its defensive workings. To put these processes into words, perhaps for the first time, that is, to introduce them into the secondary process, necessarily involves a certain amount of conceptualization and is not at all a matter of reifying abstractions or attempting the impossible. It is a matter of making the unconscious conscious. One need only assume that the details of defensive processes are as representable as any other mental processes. Once represented, they may be refined and synthesized for purposes of comfort and economy of effort, and ultimately fitted into large-scale defensive organizations that appear to operate automatically (Gerö, 1951; Rapaport, 1951). Gill's point is valid only in the limited respect that it implies the origin of the term *defence mechanism* in the mind of the scientific observer. But the use of this term (or some equivalent term) to subsume specific phenomena and dynamic content is another matter and should be available to any patient. Like the analyst, the patient may, when he is not being primarily resistant, view himself profitably from various distances. Each distance has its own reality.

Further Technical Implications

I shall now add to my earlier remarks on the clinical analysis of the defence mechanisms. It must be noted first that the technical implications of my thesis might seem to be discordant with Fenichel's (1941) classic model. He recommends that the analyst demonstrate to the patient "that he is defending himself, how he defends himself, why he does it, and what the defence is directed against" (p. 18); this demonstration, he goes on to say, "must act as an education of the defending ego to a tolerance of more and more undistorted derivatives" (p. 18). In fact, I do not think I am departing from this model. I think an examination of Fenichel's clinical examples will bear me out on this. To demonstrate to a patient *that* he is defending himself may well begin by simply pointing out that he is doing something about which one would be curious (the point is Fenichel's); from there the analysis may get into the wish implied in the singled-out action, feeling or thought process; and from there, in turn, to other wishes, actions, feelings and thoughts in conflict with the first; and so forth. With all its backs and forths, this development will inevitably clarify the *that, how,*

why, and against what of defence. Even my point about the wishful nature of defences, that is, their also serving the id that they seem only to oppose—one might say the pleasure possibilities of defence—even this point is, as I have already indicated, essentially recognized by Fenichel.

I do think, however, that I am amending one point in Fenichel's account: his discussion of the why of defence is cast simply in terms of danger situations; these are the terms of Freud's (1926) formulation in *Inhibitions, Symptoms, and Anxiety* and Anna Freud's (1936) in *The Ego and the Mechanisms of Defence*. Fenichel's discussion—here, though not elsewhere—implies the too sharply segregated id and ego I mentioned earlier. I consider it closer to observation to emphasize technical formulations that also recognize the unity of ego and id. The latter type of formulation more easily encompasses the pleasure possibilities of defence within the why of defence. Following Waelder, it may be further proposed that these pleasure possibilities may be inferred from the form of the defence, that is, from the wishful fantasies and the shifts of representations and emphasis that went into the development of that form and are now embodied in it. It is a question then of what defence asserts as well as of what it repudiates.

My amendment makes a difference. For example, the tenacity with which patients cling to their defences is better understood and more easily reduced if interpretations take into account the pleasure obtained in and through defence as well as the apprehensiveness or desperation prompting the defence. Further, the aggressive reactions of patients to the interpretation of their defences is better understood on these grounds too: as well as avoiding danger and releasing aggressiveness toward the analyst, these angry patients are fighting for their unconscious pleasures—and not only masochistic pleasures. And one should not overlook the fact that interpretation of defence also appears to release libidinal impulses too, as evidenced, for example, by the patient's excited feelings of being seduced by the analyst. The patient's response is ambivalent and not, as Hartmann seems to imply, solely aggressive, though the aggression may be put forward as a new defence.

As for Hartmann's hypothesis that defences use partly neutralized aggressive energy, I consider my discussion to show that, if one is inclined to speak of energy as being aggressive or libidinal, one must say of defence that it also

uses partly neutralized libidinal energy. In other words, if there is "fight" in defence, there is also "love" in it.

SUMMARY

The utility of the term *defence mechanism* depends on the observer's viewing clinical phenomena from a distance and the theoretician's commitment to developing the structural-functional language and propositions of psychoanalysis. As the observer moves closer to the clinical phenomena, and as the theoretician concerns himself with dynamic language and propositions, especially with regard to the ego system, he is in a position to view all defences as wishful activity that inherently provides libidinal and aggressive gratification or leads to it, or both, at the same time as it serves counterdynamic purposes. On these grounds, one is better able to understand the dynamically unconscious status of the so-called defence mechanisms and the patient's tenacious, libidinal as well as aggressive, resistance to the analysis of his defences. By fully applying the principles of multiple function and of hierarchic layering of the psychic apparatus, and by maintaining a view of the ego as a dynamic, wishful organization, one may transcend, without being oblivious to, the existing descriptive, theoretical and technical categories of psychoanalysis concerned with defence. The fact that this approach blurs the distinction between defence and symptom (and also character traits) indicates that there are further conceptual problems to be worked out in this regard. I have tried to show that that distinction is already blurred in the close-up work of clinical analysis.

REFERENCES

- ABRAHAM, K. (1910), "Hysterical dream-states." In: *Selected Papers of Karl Abraham*. (New York: Basic Books, 1953).
- (1912). "A complicated ceremonial found in neurotic women." *ibid*.
- (1919). "A particular form of neurotic resistance against the psycho-analytic method." *ibid*.
- ALEXANDER, F. (1929), *The Psychoanalysis of the Total Personality*. (New York and Washington: Nervous and Mental Disease Publ. Co., 1930).
- BAK, R. (1946), "Masochism in paranoia." *Psychoanal. Quart.*, 15.
- BRENNER, C. (1966). "The Mechanism of repression." In: *Psychoanalysis—A General Psychology: Essays in Honor of Heinz Hartmann*, ed. Loewenstein, et al. (New York: Int. Univ. Press).

- EISSLER, K. R. (1953). "The effect of the structure of the ego on psychoanalytic technique." *J. Amer. Psychoanal. Assoc.*, 1.
 — (1959). "On isolation." *Psychoanal. Study Child*, 14.
 — (1967). Personal communication.
 FENICHEL, O. (1941). *Problems of Psychoanalytic Technique*. (New York: The Psychoanalytic Quarterly).
 — (1945). *The Psychoanalytic Theory of Neurosis*. (New York: Norton).
 FREUD, A. (1936). *The Ego and the Mechanisms of Defence*. (New York: Int. Univ. Press, 1946).
 FREUD, S. (1900). *The Interpretation of Dreams*, First Part. *S.E.* 4.
 — (1905). *Jokes and Their Relation to the Unconscious*. *S.E.* 8.
 — (1915a). "Repression." *S.E.*, 14.
 — (1915b). "The unconscious." *S.E.*, 14.
 — (1923). *The Ego and the Id*. *S.E.*, 19.
 — (1926). *Inhibitions, Symptoms, and Anxiety*. *S.E.*, 20.
 GERÖ, G. (1951). "The concept of defence." *Psychoanal. Quart.*, 20.
 GILL, M. M. (1963). *Topography and Systems in Psychoanalytic Theory*. (New York: Int. Univ. Press).
 GUNTREP, H. (1967). The concept of psychodynamic science. *Int. J. Psycho-Anal.*, 48.
 HARTMANN, H. (1939). *Ego Psychology and the Problem of Adaptation*. (New York: Int. Univ. Press, 1958).
 — (1950). "Comments on the psychoanalytic theory of the ego." In: *Essays on Ego Psychology*. (New York: Int. Univ. Press, 1964).
 — (1960). *Psychoanalysis and Moral Values*. (New York: Int. Univ. Press).
 HARTMANN, H., Kris, E., and Loewenstein, R. M. (1964). *Papers on Psychoanalytic Psychology*. (New York: Int. Univ. Press).
 HENDRICK, I. (1943). "Discussion of the 'instinct to master'." *Psychoanal. Quart.*, 12.
 JACOBSON, E. (1964). *The Self and the Object World*. (New York: Int. Univ. Press).
 KLEIN, M. (1946). "Notes on some schizoid mechanisms." *Int. J. Psycho-Anal.*, 27.
 RAPAPORT, D. (1951). *Organization and Pathology of Thought: Selected Sources*. (New York: Columbia Univ. Press).
 REICH, W. (1933). *Character Analysis*. (New York: Orgone Inst., 1949).
 SCHAFER, R. (1967). "Ideals, the ego ideal and the ideal self." In: *Motives and Thought. Psychoanalytic Essays in Memory of David Rapaport*. (New York: Int. Univ. Press).
 — (1968a). *Aspects of Internalization*. (New York: Int. Univ. Press).
 — (1968b). "On the theoretical and technical conceptualization of activity and passivity." *Psychoanal. Quart.*, 37.
 SHARPE, E. F. (1930). "The technique of psychoanalysis." In: *Collected Papers on Psycho-Analysis*. (London: Hogarth, 1950).
 WAELDER, R. (1930). "The principle of multiple function." *Psychoanal. Quart.*, 5.
 — (1951). "The structure of paranoid ideas." *Int. J. Psycho-Anal.*, 32.
 WHITE, R. B. (1963). "The Schreber case reconsidered in the light of psychosocial concepts." *Int. J. Psycho-Anal.*, 44.
 ZETZEL, E. R. (1954). Panel Report: "Defence mechanisms and psychoanalytic technique." *J. Amer. Psychoanal. Assoc.*, 2.

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DREAMING AS PROCESS

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The Dreaming State

Recent years have seen a flurry of activity in neurophysiological circles concerning itself with the patterns and mechanisms of dreaming activity. Developments in this area of research are of supreme interest to the psychoanalyst since they add another dimension to our understanding of a phenomenon that has provided a rich source of data in psychoanalytic research and understanding. To the observer standing somewhere near the borderline of both neurophysiology and psychoanalysis, the richness of the data on both sides offers a unique challenge in synthesis and a stimulating crossfertilization which may generate a more penetrating understanding of the nature of the dream process and its function in the psychic economy.

Patterns of activation in dreaming

Research into the physiology of dreaming and its concomitants has been flourishing for more than a decade. Extensive reviews of these developments have been offered by Fisher (1965), Hartmann (1965), and Snyder (1963, 1965), and need not be rehearsed here. The cyclic alternation of periods of rapid eye movements (REM periods) with periods of no such patterns of eye movement (NREM periods) and the experimental relation of the former with dream activity is by now well known. These states are associated with remarkably different patterns of electrical activity in the brain. REM periods are related to characteristic patterns of activation in limbic and midbrain structures (Bancaud *et al.*, 1964; Brugge, 1965; Jouvet and Mounier, 1962; Meissner, 1966). Similar patterns of activation in the same structures have been identified in cognitive processes (Meissner, 1966), particularly those related to sensory arousal.

These characteristic and quite different patterns of electrical activity have led Jouvet and his associates (1961, 1962) to distinguish two distinct phases of sleep. The NREM phase

requires the presence and activity of neocortex and has thus come to be called "telencephalic" sleep. The REM periods, however, are triggered by the caudal pontine nuclei of the pontine reticular formation, and this phase has thus been denominated "rhombencephalic" sleep.

Jouvet concludes that the first stage of sleep represents a condition of telencephalic or cortical inhibition which acts to raise the level of arousal threshold in the ascending reticular system. This inhibitory function presumably involves orbital cortex since this area is the only portion of neocortex which seems to play a crucial role in the regulation of thalamo-cortical integrating functions as part of a general system governing internal inhibition (Velasco and Lindsley, 1965). The rhombencephalic or paradoxical stage, however, is controlled from the brainstem and produces similar behavioural profiles in normal, decorticate or mesencephalic cats. Rostrally it triggers arousal-like activity in structures located rostral to the pons, and caudally it acts to suppress tonic muscular activity via reticular mechanisms and the gamma-efferent motor system. Similar mechanisms are in operation presumably to reduce the reception of external sensory stimuli. The modification of sensory input patterns at all levels of the nervous system by central inhibitory mechanisms has been discussed in detail by Livingston (1960).

It was pointed out some years ago by Nauta (1958) that the medial midbrain region enjoyed reciprocal interconnections of a rather elaborate sort with limbic structures, most notably hippocampus and amygdala. These connections formed a limbic-midbrain system which had extensive collateral connections with the hypothalamus as well as with mesencephalic components of diffuse ascending and descending reticular systems. We can conjecture at this point that the limbic midbrain system is an important and active component of the brain

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mechanisms underlying dreaming behaviour. Its afferent limb is mediating the integration of ascending impulses with cortical mechanisms in the elaboration of dream experience, and on the efferent side, it is reciprocally modifying ongoing activation patterns in reticular systems.

REM Concomitants

The REM period represents a stage of central activation which is quite specific and quite different from deep sleep or from the waking state. It is a specific state of functional adaptation of the organism which has far-reaching physiological and behavioural effects. One of the most striking concomitants is penile erection. Fisher and his co-workers (1965a) measured penile erections and temperature in 17 subjects for 27 nights. In a total of 86 REM periods, 95 per cent were accompanied by a full or partial erection. Erections were not observed in the NREM periods, with the exception of some in stage 2 immediately preceding and following stage 1 REM periods. The authors offer a number of possibilities to explain this association. REM periods may be accompanied by regression to primitive levels of autoerotic organization, similar to penile erection in infancy. REM erection may be an aspect of the generalized physiological activation of the REM state. Or it may be a physiological overflow from limbic activation. Or finally, it may represent a form of psychological overflow and nonerotic stimulation similar to that often producing erection in infants and preadolescent children. The authors add the interesting observation that the morning or bladder erection may have nothing to do with bladder pressure at all, but probably represents the erection of the final REM period of the night. These findings along with the high level of limbic-midbrain activation in the REM period are consistent with Maclean's (1954) discovery of penile erection after stimulation of the septal circuit in squirrel monkeys. It can be inferred that the association of penile erection and REM activity are both reflections of excitation in the limbic system.

Rechtschaffen and his group (1962) have studied patterns of talking during sleep. While talking occurs during REM periods as well as during NREM periods, there were differences between them. NREM talking was accompanied by gross muscle tension artefacts, while during REM talking there was no major muscle artefact. Study of EMG activity during sleep indicates that EMG activity diminishes as sleep deepens, but

that it disappears completely only during the REM period. During the REM period in all subjects, only transient phasic EMG's of low voltage were seen (Hishikawa *et al.*, 1965).

The changes in other physiological parameters have recently been summarized by various authors (Fisher, 1965; Roffwarg *et al.*, 1966; Snyder, 1963). Respiratory rhythm, heart rate and blood pressure tend to greater activity and greater variability in REM periods. Muscle tone virtually disappears, but the fine muscles of face and extremities show frequent contractions. The exception to the lack of gross movement is the extraocular muscles, of course. Motor response and arousal thresholds are no higher in REM periods than in deep NREM periods. Cortical blood flow and brain temperature rises. Facilitatory influences have been detected at somatic and visual afferent thalamic relays. In sharp distinction, spinal reflexes and resting muscle tone show a sharp attenuation, probably reflecting active inhibition. Thus, the REM state is one of considerable excitation at higher levels of CNS organization which is largely blocked at the periphery.

The combination of central activation with peripheral blocking has prompted comparison of REM sleep with schizophrenic withdrawal. Schizophrenics have been found to take longer to get to sleep and show a more variable onset of dreaming than normal controls. Actively hallucinating subjects, however, show an increased density of REM over nonhallucinating subjects (Feinberg *et al.*, 1965). Adult schizophrenics do not show activity on EEG, EMG and EOG resembling the pattern of activity found in REM periods (Rechtschaffen *et al.*, 1963). Schizophrenic children also show no significant differences from normals, and when the pattern of their dreaming activity is compared to actively hallucinating adult schizophrenics, any relation between waking hallucinatory behaviour and sleeping dream behaviour becomes difficult if not impossible (Onheiber *et al.*, 1965; Ornitz *et al.*, 1965).

Dream Deprivation

In the interest of determining experimentally the biological function of dreaming activity, REM sleep was suppressed by destruction of the caudal pontine nucleus. Deprivation of REM sleep produced hyperirritability and hallucinatory-like behaviour in experimental animals (Jouvet *et al.*, 1960). If small amounts of REM sleep reappear, the changes are reversible; if not,

these animals may progress to a state of insomnia, agitation, and eventually death. However, studies using only functional deprivation do not produce such severe deficits.

The original work on dream deprivation was done by Dement (1960) using the method of forced awakenings. Subsequent work was published by Dement and Fisher (1963; Fisher and Dement, 1963). They found that the suppression of dreaming by forced awakening would reduce the amount of dreaming activity by as much as 65–70 per cent. There was a progressive increase in the number of awakenings necessary to suppress dreaming activity on succeeding nights. Following a series of nights of dream deprivation, the subjects were permitted a recovery night in which dreaming activity would increase markedly, as much as 80 per cent. They argued that dream deprivation created a dream deficit which the subject filled by compensatory dreaming on the recovery nights. As a control, an equivalent number of awakenings during non-dreaming phases produced no increase in dreaming on recovery nights and apparently no dream-deprivation effect. Other studies have produced a variety of psychiatric symptoms by prolonged sleep deprivation (Bliss *et al.*, 1959; Luby *et al.*, 1960). The list includes feelings of depersonalization, illusions, hallucinations, disturbed time perception, auditory changes, irritability, paranoid thinking, expansiveness, grandiosity, hypnagogic states, episodic rage, deficits in thinking and in visuomotor performance. Fisher and Dement (1963) found that suppression of stage 1 REM activity and dreaming produced certain disturbances in ego-functioning, including tension, anxiety, difficulty in concentrating, irritability, motor inco-ordination, disturbances of time sense and memory. A recent report adds the evidence that REM-deprivation of rats along with substantial NREM sleep for a period of six days produces a decrease in the electroconvulsive shock threshold, suggesting that dream deprivation is associated with increased neural excitability (Cohen and Dement, 1965). It would be interesting to know whether the effect was due to changes in seizure-prone structures of the limbic system, particularly hippocampus and amygdala.

Such studies have led investigators to conclude that REM sleep has an important and even necessary biological function. In humans, experimental work has shown that deprivation of REM sleep produces a compensatory rise in REM activity even when the recovery period is

postponed for several days (Dement, 1965). At the same time, deprivation of REM sleep in cats for periods from thirty to seventy days shows that the sleep deficit builds up over the first thirty days. During this time the number of awakenings increase, the latency of sleep onset decreases and the amount of recovery compensation increases. After thirty days, however, things do not change much. The authors conclude that REM sleep may not play an absolute necessary role in the biological economy of the adult animal.

Sampson (1965) reduced the amount of REM sleep by dream interruption and partial sleep deprivation. Both methods resulted in compensatory REM activity on recovery nights, indicating that dream interruption may not be the key factor. When there has been deprivation of all sleep stages, NREM sleep tends to take precedence over REM sleep suggesting a special relation of NREM sleep to relief of fatigue. Moreover, individual differences were found in preferential compensation between NREM and REM sleep when both are in deficit. Limitation of sleep to 3 hours per 24 for eight successive days produced an increase in the amount of deep stage 4 sleep during the period of restriction. In the subsequent recovery period, there was a significant increase in deep sleep for the first six hours, and only then was there a sharp increase in stage 1 REM sleep (Vogel *et al.*, 1966).

The upshot of all this, at least on the basis of current knowledge, is that the compensatory effects of dream deprivation probably have a physiological basis rather than a psychological basis (Snyder, 1963). A psychological "need to dream" has not been demonstrated yet. At the same time, it is abundantly clear that dream deprivation has profound psychological effects and consequently the REM state must play a significant role in adaptation of the organism. Turning things around, however, it is not at all clear that psychodynamic factors have any significant effect on the REM state—excluding obvious influences on dream content. Differences have been found, for example, between individuals who rarely recall dreams and those who frequently recall them. The non-recallers have significantly less total REM time than recallers. They tended to have just as many REM periods as recallers, but the REM periods were shorter. The difference was felt to be related to the character structure associated with the respective groups. Non-recallers dream less and recall their dreams less frequently due to a generally

repressive posture in regard to inner experience. They show less manifest anxiety, but more unconscious anxiety than recallers, and they more often report their dreams as threatening (Antrobus *et al.*, 1964). Consequently, one can argue that while physiological factors are probably primary in determining the quantity of REM sleep, psychological factors also operate concomitantly to inhibit, interrupt, or otherwise alter the quantity of REM activity.

Sleep cure

Stemming partly, I suppose, from Shakespeare's theory that it is sleep "that knits the ravel'd sleeve of care", and from the observation that psychotic episodes are not infrequently preceded by periods of insomnia, as well as the fact that experimental sleep and/or dream deprivation can produce pseudopsychotic symptoms, attempts have been made to use sleep as a form of therapy. Various combinations of tranquillizers and sedatives are used to keep patients somnolent for most of the day and they are awakened for short periods to perform necessary functions and receive medication. Favourable results have been reported in sleep treatment of nonpsychotic states, anxiety neuroses, phobic states, obsessives, alcoholics, and even some limited success with manic-depressive states (Azima, 1958, 1961; Divry *et al.*, 1957).

King and Little (1959) have reported considerable success in treatment of a "phobic anxiety-depersonalization syndrome" by thiopentone-induced sleep therapy. The phobic anxiety-depersonalization syndrome, in addition to the characteristics which are reflected in its name, is marked by spontaneous changes in consciousness, distressing feelings of a change in the self, and an oppressive sense of loss of spontaneity in movement, thought and feeling. In addition, 40 per cent of these patients manifested *déjà vu* experiences, metamorphopsia and panoramic memory, features which are also found in disturbances of temporal lobe function (Roth, 1959). The fact that scalp EEG leads revealed no higher incidence of abnormal recordings suggests that the disturbance may lie in the deeper allocortical structures of the limbic system. It is well known that the lower seizure threshold of the limbic structures permits so-called "limbic seizures" which are not at all transmitted to the overlying cortex (Green and Shimamoto, 1953), and this phenomenon is thought to underlie the behaviour disturbances frequently seen in psychomotor epileptics when

no superficial dysrhythmias are identifiable. The possibility that a sleep-cure could have a beneficial therapeutic effect on a temporal lobe-limbic system disorder brings us back to the limbic system which is so specifically activated in REM sleep. Is it possible that the disturbances of psychic functioning produced by sleep and dream deprivation are reflections of disorganization in limbic functioning and that the beneficial effects of sleep treatment are due to a reorganization of disordered limbic functioning? The answer is not immediately forthcoming, since no controlled experiments have been done to evaluate sequences of REM sleep in the course of sleep cures.

Attempts have been made to describe the progressive stages of sleep therapy. Sleep therapy in a group setting passes through four distinct stages. For about the first four days, patients pass through a stage of adaption to the treatment conditions. In the following week, they regress and manifest infantile attitudes of dependency. A stage of tension follows marked by complaints, aggressive behaviour and somatization. And finally they emerge into a stage of reharmonization (Faure, 1960). Azima *et al.* (1961) have described the progression as regression, gratification, change in introjects, and progression. Again, specific sleep or dreaming effects are difficult to assess in these reports due to the association with psychotherapeutic efforts. But it should be noted that a common pattern is described of initial regression followed by a higher degree of ego-functioning. On the presumption that increasing the total amount of sleep also increases the total amount of time spent in REM sleep, it is possible to hypothesize a relation between REM activity and improvement of ego-functioning.

REM Mentation

In an attempt to understand the psychological implications of the patterns of dreaming behaviour we have been discussing, it will be useful to consider the variations of mental activity with which they are associated. Dement and Wolpert (1958) have studied the content of dreams during the same night and found that no single dream was duplicated and that each dream was a more or less self-contained drama, but that the manifest content was related to one or more other dreams during the night. The problem arises as to whether the recall of dream content does not affect the content of subsequent dreams. Other studies of latent content suggest

that the dreams of a night tend to cluster around a single conflict (Offenkrantz and Rechtschaffen, 1963). Trosman *et al.* (1960) studied multiple parameters of dream content and concluded that the dream sequence was a reflection of cycles of tension accumulation, discharge and quiescence. Lesse (1959) has reported on a series of investigations into the relationship between anxiety and dreams and hallucinations in patients in analytically oriented therapy. He concluded that there was an intimate relationship between dreams and dream-like states and the quantitative degree of anxiety. Clinical psychiatric symptoms manifest themselves as anxiety mounts, and hallucinations emerge as a final mechanism before the ego is completely overwhelmed. Presumably, then, the amount of dreaming and REM activity is related to the degree of anxiety and the content of the dream sequence is a function of specific conflicts.

Attention has also been directed to the differences between mental activity in REM periods and in NREM periods. NREM activity was found to be less vivid, less visual, less well recalled, more conceptual, more plausible and less bizarre, more like thinking than dreaming, less emotional, more concerned with contemporary waking experience and under greater volitional control. REM activity was the converse of this (Foulkes, 1962). NREM activity, then, represents a predominance of secondary process thinking, while REM activity represents a predominance of primary process thinking. The actual content of these respective processes seems to overlap to a certain extent. Rechtschaffen *et al.* (1963) found that discrete manifest elements and themes from NREM periods are sometimes repeated in other NREM and in REM periods from the same night. These elements may recur in consecutive or nonconsecutive awakenings, and may in fact span the entire night. Thus NREM mentation may be the conscious representation of preconscious processes, the residues of the previous day's experience which form the point of contact for unconscious dream activity. Some of these elements were in fact identified as representing preconscious day residues.

Recently Vogel *et al.* (1966) examined the changes in two ego functions, namely the maintenance of secondary process thinking and maintenance of reality contact, during sequential EEG and EOG stages from relaxed wakefulness to unequivocal sleep. They found that initially both functions were pretty much intact, and that as sleep deepened there was a phase of

regression and withdrawal which was followed by a return to nonregressive thought content together with complete withdrawal as indicated by a loss of reality testing. In the early hypnagogic period, loss of reality testing precedes the emergence of regressive thought content. Presumably, then, regression in thinking is not a necessary part of sleep onset, but is secondary to reduction of sensory input. They suggest that the loss of reality contact acts as a defence against threatened regression in sleep-onset dreams. The more anxious and rigid subjects seemed to be more threatened by impending regression.

It is interesting to tie these observations to what we already know about neurophysiological alterations in the onset of sleep. The subject passes from a state of relaxed wakefulness successively through the EEG stages of sleep. From stage 0 (wakefulness) he passes to stage 1. Activation of pontine mechanisms as we have seen inhibits peripheral sensory and motor systems and effectively reduces sensory input, putting the subject in a state of withdrawal. At the same time limbic and cortical circuits are aroused. The arousal of these circuits in the rhombencephalic stage is dominated by subcortical mechanisms and produces a pattern of regressive, primary process thinking. As sleep deepens, cortical mechanisms take over successively greater control both by inhibitory influences on subcortical mechanisms but also by means of corticofugal input to the limbic system in the telencephalic stage of sleep. Under the influence of cortical projections, the thought processes tend to become less regressive and better organized, while peripheral inhibition is maintained and contact with reality remains broken.

Divergent neurophysiological mechanisms are in operation in REM and NREM periods. The association of rhombencephalic activity, REM activity, dreaming and predominance of primary process and regression is linked to a peculiar pattern of excitation in the limbic system and especially in the hippocampus with its trains of regular 3-7 per second theta waves. In contrast, the association of telencephalic activity, NREM activity, secondary process thinking and non-regression is linked to a distinctly different pattern of excitation in which cortical spindles and slow-waves, hippocampal desynchronization and reticular inhibition hold sway. We know on the basis of other evidences (Meissner, 1966) that the hippocampal formation and its related

limbic structures are intimately involved in the organization and integration of emotional and cognitive experience. The hippocampus can be activated from two sides, from the subcortical side by way of septohippocampal connections and from the cortical side by way of temporoammonic connections. The balance of activation of the hippocampus by these two input systems determines the state of functional integration in the ongoing behaviour of the organism. Septohippocampal activation, similar to that pattern found in rhombencephalic sleep, is marked by theta activity and is predominant in states of stimulus dominance, arousal of attention, reticular activation. Temporoammonic activation, similar to that pattern found in telencephalic sleep, is marked by hippocampal desynchronization and is predominant in states of response dominance and organization of activity in terms of past experience.

The alternation during sleep between NREM and REM periods, between telencephalic and rhombencephalic states, represents an oscillation between these two polarities of organic adaptation. We might be tempted to appeal to a built-in biological rhythm which dictates the periodicity of the oscillation. And there is no reason to think that such a mechanism is not at work. But we also know that the rhythm can be modified artificially or by changes in the level of anxiety. We can speculate that dream deprivation interrupts the pacemaker-like activity of pontine centres and increases the level of activation in these centres. Similarly, anxiety may increase the level of input impulses to these centres, thus increasing their level of activation and output. Diminished activation, either by an exhaustion effect or by feedback mechanisms through the limbic midbrain system or by both, decreases the level of septohippocampal input to the hippocampus and permits corticofugal influences to hippocampus via temporoammonic input paths to predominate. Subsequently, when the level of activation in the pontine centres begins to rise again, the balance of these mechanisms swings back toward rhombencephalic and septohippocampal dominance. The evidence is by no means conclusive, but there are some indicators that humoral mechanisms may also be involved (Mandell and Mandell, 1965; Monnier and Hösli, 1965).

The Third State

Students of biological activity during dream REM states have come to think of it as a third

major biological state standing on an equivalent level with the other two major states, waking and nondreaming sleep. The state of diminished function found in deep sleep is periodically interrupted by a condition or state of the organism which is comparable in internal activation to the alert waking state. It is quite distinct, however, from the waking state by reason of functional differences in the organization of central nervous activity and by the massive, if incomplete, inhibition of peripheral motor and sensory mechanisms (Snyder, 1963).

It has long been known that the amount of REM time diminishes as the life cycle progresses (Antrobus *et al.*, 1964; Fisher, 1965; Roffwarg *et al.*, 1966). Roffwarg *et al.* (1966) have recently advanced the view that REM sleep may have an ontogenetic function. Premature neonates may show as much as 80 per cent REM, mature neonates about 50 per cent, while the level of adult REM activity is in the neighbourhood of 20 per cent. They suggest that the diminution of REM sleep in ontogenesis does not merely reflect maturation of inhibitory mechanisms (cortical, telencephalic), but rather that it may signify a reduction of the requirement for REM sleep after one of its early functions had been fulfilled. Excitations stem from pontine centres, project to the thalamus, and extend along thalamocortical projections to cortical sensory receiving areas. This provides a form of internal sensory input which impinges on higher cortical centres as a form of sensory substitute. The hypothesis is advanced that this internal sensory bombardment may play an important ontogenetic role in facilitating neuronal maturation, differentiation, and myelination in higher centres. It is interesting to note, then, that the most mature and well differentiated cells in the neonate brain are located in the primary sensory receiving areas, principal motor areas and limbic system—precisely the areas of maximal activation in REM states (Conel, 1939).

However, as fascinating as such hypotheses may be, they remain speculations based on a rather slim evidential base. They do, nonetheless, raise some interesting questions, for the understanding of the function of REM activity, whatever it may be, is significant for the psychological functioning of the organism. In trying to bring these disparate experimental findings into perspective so that we can discern their psychoanalytic implications, we must fit them into a context which recognizes dreaming REM activity as a major adaptational state of the organism

along with wakefulness and deep sleep (Hartmann, 1965). The dream state may represent a transitional state of unconsciousness (Ullman, 1958) or it may be a totally unique state of organic adaptation and awareness which has unique functions in the total maintenance of psychic functioning. In any case, the psychodynamic understanding of these phenomena must incorporate these exciting discoveries of the new biology of dreaming.

Metapsychological Considerations

The juxtaposition of relevant findings in the physiology of the dreaming state with a consideration of related neurophysiological mechanisms opens the way to a fresh consideration of certain metapsychological aspects of the dreaming process. It should hastily be added that our reflections will not at all be concerned with questions of content. In a rather strict sense, we are focussing our attention on the dream process itself in an attempt to link the biological and physiological data of research on the dream-sleep cycle with the body of metapsychological formulations concerning the process of dream-formation. In so doing we may not find ourselves adding any new insights to already well-established formulations. But the recasting of our thoughts in terms of a more experimental and physiologically oriented approach cannot help but deepen our understanding of what is going on in the third major adaptative state of the organism represented by dreaming sleep. Freud himself had remarked:

No conclusions upon the construction and working methods of the mental instrument can be arrived at or at least fully proved from even the most painstaking investigation of dreams or of any other mental function taken *in isolation*. To achieve this result, it will be necessary to correlate all the established implications derived from a comparative study of a whole series of such functions. Thus the psychological hypotheses to which we are led by an analysis of the processes of dreaming must be left, as it were, in suspense, until they can be related to the findings of other enquiries which seek to approach the kernel of the same problem from another angle (Freud, 1900, p. 511).

The developments in the study of the dream process during the last decade present us with a unique opportunity to relate them to the psychodynamic understanding of the formation of dreams.

The summary of experimental investigations into the dream-sleep cycle, which I have

presented in the first part of the present study, focusses our attention on several more or less well-substantiated features of the dream process:

1. Periodic alternation of NREM and REM periods, including the progressive lengthening of REM periods and the progressive decrease in the depth of NREM periods as sleep proceeds.
2. Dreaming activity is predominant in REM periods.
3. Total REM time decreases progressively with age.
4. REM (rhombencephalic) sleep is marked by excitation of the limbic system while NREM (telencephalic) sleep is marked by corticofugal inhibition.
5. REM periods are accompanied by increased respiratory and cardiovascular activity; EMG activity, spinal reflexes, resting muscle tone, and peripheral sensory receptivity are sharply attenuated.
6. Dream deprivation causes compensatory dream activity and disturbances in ego-functioning.
7. Sleep deprivation can produce pseudo-psychotic symptoms.
8. Generally repressive individuals tend to recall dreams less successfully and spend less time in stage 1 REM activity.
9. Other things being equal, the amount of dream activity tends to be proportional to the level of anxiety.
10. Prolonged sleep has a therapeutic effect in a number of neurotic disturbances.
11. REM activity is associated with primary process mentation; NREM activity is associated with secondary process mentation.

These are the major conclusions or findings with which we shall be concerned in endeavouring to explore their implications for the psychoanalytic understanding of the dream process.

The classic loci for the formulation of the metapsychology of the dream process are the famous seventh chapter of the *Interpretation of Dreams* and the (1917) paper "A Metapsychological Supplement to the Theory of Dreams". These formulations have not been surpassed in the intervening years nor has any significant addition to the understanding of the dream process been made by subsequent students of psychoanalysis. Our approach here will be to identify some of the substantial elements in Freud's classic formulation and try to link them with recent experimental findings.

One of the basic questions about dreams is why they occur at all. Freud approached the answer to this question from the strictly psychological perspective of endopsychic resistance.

A consideration of the interplay of psychical forces in this case must lead us to infer that the dream would in fact not have occurred at all if the resistance had been as strong during the night as during the day. We must conclude that during the night the resistance loses some of its power, though we know it does not lose the whole of it, since we have shown the part it plays in the formation of dreams as a distorting agent. But we are driven to suppose that its power may be diminished at night and that this makes the formation of dreams possible. This makes it easy to understand how, having regained its full strength at the moment of waking, it at once proceeds to get rid of what it was obliged to permit while it was weak. Descriptive psychology tells us that the principal *sine qua non* for the formation of dreams is that the mind shall be in a state of sleep; and we are now able to explain this fact: *the state of sleep makes the formation of dreams possible because it reduces the power of the endopsychic censorship.* (1900, p. 526).

If we translate this formulation into terms of the dream-sleep cycle, REM activity must represent the neurophysiological analogue of the relaxation of the endopsychic censorship. The intrapsychic conflict is between the more primitive, biologically based, instinctual impulses of the id and the more elaborate, culturally determined resistance of the censorship mechanism. The limbic mid-brain system is phylogenetically older and more primitive than the elaborate and phylogenetically recent organization of neocortical mechanisms. It is reasonable to suggest that activity dominated by rhombencephalic mechanisms lies closer to the biological roots of the organism and that the pattern of activity controlled by telencephalic mechanisms is linked to more advanced and more evolved patterns of integration of the neuraxis. The telencephalic mechanisms are most well developed in primates and man, in whom the cortical bank represents a distinct advance in size and complexity.

Thus, we can suggest that REM activity represents a pattern of neural activation which can be correlated in man with relaxation of endopsychic censorship. The NREM activity conversely can be taken to represent a pattern of activity in which cortical mechanisms are relatively predominant in the interplay of patterns of activation. Freud's observation that the state of sleep makes the formation of dreams

possible by reduction of the power of censorship is equivalent to saying that REM activity and its attendant activation of limbic circuits is made possible by the reduction in controlling influences stemming from corticofugal inhibitory systems.

A similar view can be proposed in regard to forgetting of dreams. Freud commented that "the *forgetting* of dreams, too, remains inexplicable unless the power of the psychical censorship is taken into account" (1900, p. 517). The available evidence suggests that people who are unable to recall dreams have significantly less total REM time during sleep. The reduction of REM activity in this context would suggest that telencephalic inhibitory mechanisms tend to be hyperactive in these people and permit rhombencephalic mechanisms to assume control less readily. Dreaming time is therefore diminished and when the subject has returned to the waking state, the same telencephalic mechanisms serve to repress the dream contents.

The place of wish-fulfilment in Freud's dream theory is well known. It is interesting that he divides dreams into two groups on the basis of wish-fulfilment. One group of dreams appear openly as wish-fulfillments, and another group is such that the wish-fulfilment is disguised and not immediately recognizable. He notes that the former group, the undistorted wishful dreams, appear principally in children. This is an interesting observation in view of the fact that the amount of REM sleep tends to be greater in children. Undisguised wish-fulfilment is more likely to be characteristic of REM activity and more disguised wish-fulfilment tends to be more characteristic of NREM activity. We can infer that children have less censorship than adults, and that their telencephalic mechanisms tend to be less highly organized and developed.

It is also important to note that it was not the fulfilment of just any wish that was in question in the formation of dreams. He remarks:

I think it is highly doubtful whether in the case of an adult a wish that has not been fulfilled during the day would be strong enough to produce a dream. It seems to me, on the contrary, that, with the progressive control exercised upon our instinctual life by our thought-activity, we are more and more inclined to renounce as unprofitable the formation or retention of such intense wishes as children know. It is possible that there are individual differences in this respect, and that some people retain an infantile type of mental process longer than others, just as there are similar differences in regard to the diminution of visual imagery, which is so vivid in early

years. But, in general, I think, a wish that has been left over unfulfilled from the previous day is insufficient to produce a dream in the case of an adult. I readily admit that a wishful impulse originating in the conscious will contribute to the instigation of a dream, but it will probably not do more than that. The dream would not materialize if the preconscious wish did not succeed in finding reinforcement from elsewhere.

From the unconscious, in fact. My supposition is that a conscious wish can only become a dream-instigator if it succeeds in awakening an unconscious wish with the same tenor and in obtaining reinforcement from it. (1900, p. 553).

He goes on to specify the kind of wish involved by commenting, "A wish which is represented in a dream must be an infantile one" (1900, p. 553). The infantile wish, therefore, which lies so close to the roots of instinctual energies, is the moving force behind the dream. It is this wish, then, that is activated in the rhombencephalic phase of sleep. The close link between infantile wishes and the activation of instinctual energies reminds us that the limbic system, which is also activated in dreaming behaviour, is intimately associated and involved in the integration of emotional experience. The elevation of the level of these basic psychic energies presumably underlies the activation of pontine centres and the limbic midbrain system. The excitatory discharge triggers a response in the hippocampus and its related limbic structures, permitting the discharge of these energies in a manner which is not destructive.

From this point of view, the compensatory dreaming following dream deprivation takes on more meaning. And it further suggests that the dream function is at least psychologically important, if not biologically. In some sense the discharge of instinctual energies which is accomplished through dream activity provides an important channel of release which is unique in function and cannot be substituted by telencephalic mechanisms or by the adaptive mechanisms of the waking state. It must also be added that while the deprivation of dream activity is psychologically destructive, the deprivation of both NREM and REM activity is considerably more disruptive. If both forms of sleep are prevented, the subject can be precipitated into psychotic-like states.

Presumably this deterioration in function has something to do with the integration of function in the limbic system. We have already noted the dysfunction produced by such deprivation is

strikingly similar to that found in psychomotor epilepsy. In addition, the striking investigations of Heath (1958, 1961, 1962, 1964), suggest that there may be considerable overlap in the symptoms of schizophrenia and psychomotor epilepsy and that some of the basic disorder of schizophrenia may be due to abnormal discharges disrupting the function of the hippocampus and related limbic structures. The effects of dream and sleep deprivation suggest that the striking activation of limbic structures in rhombencephalic sleep has a specific integrative function which serves to maintain the effective operation of these mechanisms in the organization and integration of emotional and cognitive experience.

The dream process in fact represents a form of regressive functioning. Freud describes this feature of the dream process in the following terms:

This unconscious impulse has to thank its link with the other, unobjectionable, dream-thoughts for the opportunity of slipping past the barrier of the censorship in an inconspicuous disguise. On the other hand, the preconscious dream-thoughts have to thank this same link for the power to occupy mental life during sleep as well. For there is no doubt about it: this unconscious impulse is the true creator of the dream; it is what produces the psychical energy for the dream's construction. Like any other instinctual impulse, it cannot strive for anything other than its own satisfaction; and our experience in interpreting dreams shows us too that that is the sense of all dreaming. In every dream an instinctual wish has to be represented as fulfilled. The shutting-off of mental life from reality at night and the regression to primitive mechanisms which this makes possible enable this wished-for instinctual satisfaction to be experienced in a hallucinatory manner as occurring in the present. As a result of this same regression, ideas are transformed in the dream into visual pictures: the latent dream thoughts, that is to say, are dramatized and illustrated. (Freud, 1933, pp. 19-20).

It is as though the psychic processing mechanisms had got turned around. In the *Interpretation of Dreams*, Freud has this to say:

The only way in which we can describe what happens in hallucinatory dreams is by saying that the excitation moves in a backward direction. Instead of being transmitted towards the motor end of the apparatus it moves towards the sensory end and finally reaches the perceptual system. If we describe as "progressive" the direction taken by psychical processes arising from the unconscious during

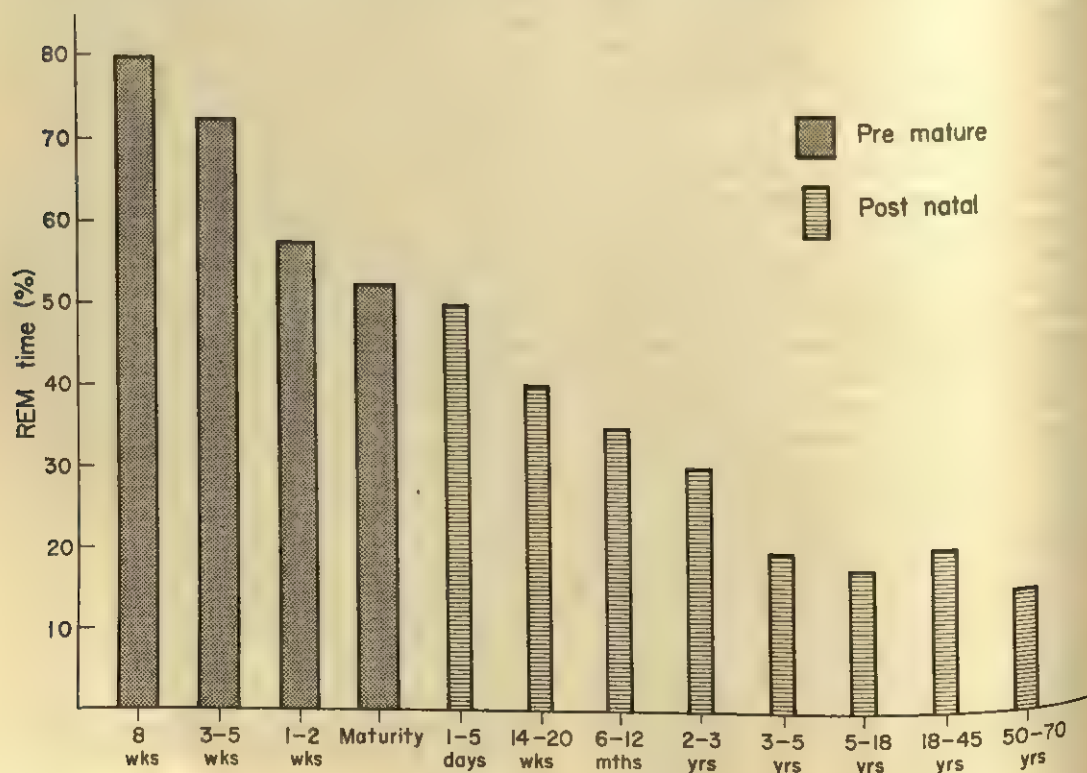
waking life, then we may speak of dreams as having a "regressive" character. (1900, p. 542).

The regressive movement of the dream process is equivalently a recasting of the ideational content of the dream in sensory images. The regression is a consequence of resistance to the expression of the thought in consciousness. Regression in dreams is probably facilitated by the interruption of ongoing sensory input.

In a paragraph added to the 1914 edition of the *Interpretation of Dreams*, Freud (1900, p. 548; 1917, pp. 227-228) added a distinction of three forms of regression. Topographical regression relates to the reflex-arc model, which we have already spoken of and which deals with the direction of psychological processes from sensory to motor. Temporal regression represents a return to older psychical structures. Formal regression represents a return to more primitive forms of expression and representation. The three forms of regression, however, occur together and are in fact one process. As Freud indicates,

... for what is older in time is more primitive in form and in psychical topography lies nearer to the perceptual end. (1900, p. 548).

The regressive aspect of the dream process reminds us that the rhombencephalic pattern of sleep is the more primitive form of sleep behaviour and has been called by Jouvet (1961) "archi-sleep". The pattern of rhombencephalic sleep is found throughout the mammalian kingdom, but shows no identifiable phylogenetic progression. There is a marked progression in ontogenetic development, however, the significance of which is not altogether clear. A glance at the accompanying graph will make it clear that early pre- and post-natal phases of ontogenesis are marked by a high proportion of REM activity. The proportion of such activity drops off at a more or less constant rate until it reaches a relative plateau around the age of five years. The significance of this high rate in the early ontogenetic phase is open to question, but it has been suggested that such activation serves an important developmental function for the maturation of the structures of the limbic system (Roffwarg *et al.*, 1966). While such a possibility opens rather exciting vistas, we are left with a dual problem: Why does REM activity in fact persist into adult life and why does the amount of REM activity show such a remarkable diminution and levelling?



It seems reasonable as well as risky (all hypothesizing is risky!) to suggest that, although the high level of REM activity in early ontogenetic stages may serve an important developmental function, the maturation of other systems may also be at work in bringing about the progressive diminution in amount of REM time. We know that the rhombencephalic mechanisms represent a phylogenetically older system and we would expect it to be operative and functioning early in ontogenesis. As maturation proceeds, however, later phylogenetic mechanisms could be expected to emerge and become increasingly more effective. The diminution therefore of REM activity may not in fact be due to a sort of teleological depletion, in the sense that it has served its biologically useful function. It may also involve an inhibitory influence from the emergence and operation of ontogenetically, if not phylogenetically, more mature systems. Specifically, it seems reasonable to assume that the progressive diminution of REM activity in the first five years of life is due in large measure to the maturation and progressive integration of telencephalic mechanisms. These mechanisms come to assert their inhibitory action more and more as the organism progresses through early stages of experience and the gradual mobilization of cortical reserves in the intricate mastery of highly complex skills which distinguish the organism as human and which reflect his evolutionary status and the determining influences of culture. The integration of these complex levels of neural functioning may be entirely functional or may in some refined sense be structural-functional. In any case, the process seems to reach a plateau at about the five-year level. This may represent a biologically determined cut-off point, but it is important to remember, as Freud has suggested, that some people retain an infantile type of mental process longer than others.

The other question of interest concerns the extension of this activity into adult life. Here it can be suggested that REM activity serves a vital function by extending its presumed biological role beyond the limits of strict ontogeny. If REM activity does in fact play a role in the maturation of limbic structures, there is every reason to believe that its continued function is related to the maintenance of adequate function in these structures. The evidence suggests that interruption of this function by REM deprivation produces significant distortions in ego-functioning. The role of the limbic system in

subserving these functions is supported by other clinical data as we have seen. By implication, the well organized and integrated functioning of the hippocampus and its related limbic circuits is involved in and essential to the integral functioning of the ego. Rhombencephalic sleep and REM activity contribute to the maturation, differentiation and myelination in higher centres. It seems possible also that they contribute to the maintenance of functional organization and integration in these same centres, particularly in the limbic system.

To return to the notion of regression, then, rhombencephalic activation seems to represent a highly significant biological regression to primitive ontogenetic levels in which important preservative functions are being carried out. But the regression of which Freud was speaking is a psychological regression. The normal direction of excitation from sensory to motor terminals of the psychic apparatus proceeds by way of reticular activation which triggers septohippocampal input circuits to limbic system. This processing of sensory input serves to integrate current input with the preconscious residue of prior experience in memory and ultimately with unconscious elements. Thus the waking organism achieves an integration of current experience with prior experience and is able to bring the resultant pattern of activation to bear on specific action circuits which mediate between sensory processing systems and motor effector systems. The pattern of neurophysiological events is different in the REM dreaming state. The process is isolated at both ends. Sensory input is diminished and the transmission of patterns of activation between organizing action circuits and motor effector mechanisms is blocked. The excitation is derived from instinctual excitation without sensory input. The activation of septohippocampal circuits, therefore, triggers the same integrative circuits. Once activated, however, these circuits lack the organizing directive influence of higher cortical mechanisms and the preconscious residues are not elicited in reality-oriented sequences but in sequences dictated by patterns of instinctual excitation and cathexis. Instinctual demands or infantile wishes, then, direct the pattern of activation of preconscious traces and the dream images are revived and modified in terms of the dream sequence. What is thus produced is a quasi-revivification of sensory elements in the dream images without the attention function provided by reality contact and without the

reality orientation of effector systems. The flow of excitation is, in a sense, turned around. And the pattern of dream thoughts, determined as they are by ontogenetically and perhaps phylogenetically older and more biologically and instinctually related mechanisms, have a more primitive quality and pattern of organization.

An understanding of some of the metapsychological implications of the dream process hinges on our conceptualization of the role of preconscious residues. Freud was quite explicit in stating their role.

But what is the relation of the preconscious residues of the previous day to *dreams*? There is no doubt that they find their way into dreams in great quantity, and that they make use of the content of dreams in order to penetrate into consciousness even during the night. Indeed they occasionally dominate the content of a dream and force it to carry on the activity of daytime. It is certain, too, that the day's residues may be of any other character just as easily as wishes. (1900, p. 555).

It should be noted that preconscious content of this kind which is easily admitted to consciousness even during sleep is ego-syntonic and thereby passes the barrier of censorship easily (Eissler, 1962). This kind of preconscious residue is more likely to find its way into the content of NREM sleep and to be characterized by ego qualities such as logical sequence and consistence.

The greater regression of REM activity suggests that the preconscious residues found there are more primitive and closer to the unconscious. The relation to unconscious processes is a major aspect of the dream process. Freud commented:

Though the preceding considerations have reduced the importance of the part played by the day's residues in dreams, it is worth while devoting a little more attention to them. It must be that they are essential ingredients in the formation of dreams, since experience has revealed the surprising fact that in the content of every dream some link with a recent daytime impression—often of the most insignificant sort—is to be detected. (1900, p. 562).

He goes on to explain this role of preconscious residues by saying:

... an unconscious idea is as such quite incapable of entering the preconscious and that it can only exercise any effect there by establishing a connection with an idea which already belongs to the preconscious, by transferring its intensity on to it and by getting itself "covered" by it. Here we have the

fact of "transference", which provides an explanation of so many striking phenomena in the mental life of neurotics. (1900, pp. 562-563).

It is obvious that the mechanisms of NREM activity are more in the order of admitting preconscious syntonic content to consciousness. REM activity is by contrast more concerned with the advancement to consciousness of dystonic preconscious and unconscious elements. The difference in these mechanisms is illumined by Eissler's (1962) comment:

Metapsychologically the difference between processes that make unconscious contents preconscious and preconscious contents conscious is comparable to that in a comparison Freud used occasionally, namely, the difference between artist's work *per via di porre* and that *per via di lavare*. In one instance something is added; in the other something removed. When a repressed content is to rise to the *Pcs.*, a defense (countercathexis) has to be removed or weakened. When a preconscious content becomes conscious, cathexis has to be added.

REM activity which is governed by more primitive and instinctual mechanisms represents a relaxation of ego-functions which equivalently diminishes the countercathexis directed against repressed content. The more elaborate mechanisms of telencephalic NREM activity, however, preserve ego-functioning and permit the maintenance of countercathexis.

The function of preconscious residues, then, is spelled out by Freud in the following terms:

It will be seen, then, that the day's residues, among which we may now class the indifferent impressions, not only *borrow* something from the *Ucs.* when they succeed in taking a share in the formation of a dream—namely the instinctual force which is at the disposal of the repressed wish—but that they also *offer* the unconscious something indispensable—namely the necessary point of attachment for a transference. (1900, p. 564).

To which it need only be added that such transference and borrowing are more characteristic of REM mentation than of NREM mentation. The distinction between REM mentation and NREM mentation was not known to Freud, but he was aware that different forms of psychic process were at work during sleep.

Thus we are driven to conclude that two fundamentally different kinds of psychical process are concerned in the formation of dreams. One of these produces perfectly rational dream-thoughts, of on

less validity than normal thinking; while the other treats these thoughts in a manner which is in the highest degree bewildering and irrational. (1900, p. 597).

He goes on to say:

The mechanics of these processes are quite unknown to me; anyone who wished to take these ideas seriously would have to look for physical analogies to them and find a means of picturing the movements that accompany excitation of neurones. All that I insist upon is the idea that the activity of the first ψ -system is directed towards securing the free discharge of the quantities of excitation, while the second system, by means of the cathexes emanating from it, succeeds in inhibiting this discharge and in transforming the cathexis into a quiescent one, no doubt with a simultaneous raising of its level. I presume, therefore, that under the dominion of the second system the discharge of excitation is governed by quite different mechanical conditions from those in force under the dominion of the first system. When once the second system has concluded its exploratory thought-activity, it releases the inhibition and damming-up of the excitations and allows them to discharge themselves in movement. (1900, pp. 599-600).

Transferring this psychological analysis to the neurophysiological *mis-en-scène*, the patterns of activity reflected in rhombencephalic and telencephalic stages of sleep correspond to the first and second systems, respectively.

The processes of the first system are "primary" in the sense that the primary processes are a functional part of the mental apparatus from the first. In this same sense the rhombencephalic pattern of sleep is also "primary". Freud further indicates that while the primary processes are there from the first, it is only in the course of life that the secondary processes unfold and come to inhibit and overlay the primary (1900, p. 603). In parallel fashion, the telencephalic pattern emerges with the maturation and development of cortical systems and comes to inhibit and reduce the rhombencephalic pattern.

The primary process thinking brings with it the stamp of the irrational to REM dream activity. Freud made the point that . . .

The irrational processes which occur in the psychical apparatus are the *primary* ones. They appear wherever ideas are abandoned by the preconscious cathexis, are left to themselves and can become charged with the uninhibited energy from the unconscious which is striving to find an outlet.

Some other observations lend support to the view that these processes which are described as irrational are not in fact falsifications of normal processes—intellectual errors—but are modes of activity of the psychical apparatus that have been freed from an inhibition. (1900, p. 605).

And to this we can add that the discharge of uninhibited energy from the unconscious is mediated by excitation of pontine centres and activation of the limbic system.

But we must not be seduced into thinking that discharge of instinctual energies is a sufficient explanation of dreaming behaviour. It seems obvious that the conditions of sleep contribute to the state of the organism in which such discharge becomes possible. The sleeping condition represents a form of loss of reality-contact and withdrawal. Freud was well aware of the significance of this aspect of sleep. He noted:

The factor of withdrawal from the external world retains its significance in our scheme; it helps, though not as the sole determinant, to make possible the regressive character of representation in dreams. The renunciation of voluntary direction of the flow of ideas cannot be disputed; but this does not deprive mental life of all purpose, for we have seen how, after voluntary purposive ideas have been abandoned, involuntary ones assume command. (1900, pp. 590-591).

The point is well taken since the importance to the organism of maintaining contact with the external world has long been recognized. Some years ago, Hebb (1955) reported on experiments in sensory isolation in animals and humans. Animals raised in isolation showed disturbances in behaviour and in learning capacity. Humans reported vivid hallucinatory experiences which were primarily visual, but also auditory and somesthetic. Hebb noted that

In many ways the hallucinatory activity of the present experiments is indistinguishable from what we know about dreams; if it is in essence the same process, but going on while the subject can describe it (not merely hot but still on the griddle), we have a new source of information, a means of direct attack, on the nature of the dream.

The conclusion seems to force itself on us that the maintenance of sensory input is somehow important to the continued functioning of the psychic apparatus. Solomon *et al.* (1957) reviewed the environmental and experimental findings in sensory deprivation and concluded

that the stability of man's mental state is dependent in some sense on adequate perceptual contact with the outside world. Deprivation of that reality contact produced an intense desire for extrinsic sensory stimuli and physical motion, increased suggestibility, impairment of organized thinking, oppression and depression, and in extreme cases, hallucinations, delusions and confusion. A further refinement was added to this by an experiment in which sensory deprivation was used to produce hallucinations, emotional disturbances and thought impairment. Changing the quantity of sensation by flashing a light did not change the aberrations associated with deprivation. The conclusion to be drawn is that the quantity of sensory input is not what is important, but rather the parameter of meaningfulness of input. What is needed to maintain the integrity of normal functioning is not quantity of sensation, but a continuous meaningful contact with the outside world (David *et al.*, 1960).

There is no doubt, of course, that the organized structure of perceptual input imposes an organization and integration on the processing systems of the CNS. The adaptation of CNS mechanisms to the demands of this prestructured input, both in the processing and integration of instantaneous input into an organic experience as well as in the organization and integration of these experiences through time, constitutes the neurophysiological basis for the individual's reality orientation. The integration of current input with prior experience is in part a function of the limbic system (Meissner, 1966) interacting with higher cortical mechanisms. We can suggest, then, that activation of these neural systems in relation to structured and meaningful reality contact is necessary for the maintenance of their function. Deprivation of that function, either by experimental sensory isolation or by dream deprivation, has serious functional consequences and produces a disintegration of ego adaptation.

Sleep is a physiological form of sensory deprivation which is paralleled by the withdrawal of cathexis from the conscious level of perception. The withdrawal from reality in sleep serves an important biological and psychological function, while the withdrawal from reality involved in sensory deprivation is by contrast disruptive. The sensory deprivation of sleep and its attendant withdrawal produce a certain disorganization within the limbic systems which mediate between subcortical and cortical levels of neural organization. This disorganization permits regression to more primitive levels of

organization and function as previously discussed. Psychodynamically, the regressive disorganization of limbic functions permits a regulated discharge of unconscious energy. Such a regulated discharge of unconscious energy is spoken of by Freud as being "bound by the preconscious". He says:

Thus there are two possible outcomes for any particular unconscious excitatory process. Either it may be left to itself, in which case it eventually forces its way through at some point and on this single occasion finds discharge for its excitation in movement; or it may come under the influence of the preconscious, and its excitation, instead of being discharged, may be bound by the preconscious. *This second alternative is the one which occurs in the process of dreaming.* (1900, p. 578).

Thus the regressive disorganization of sleep permits a regulated binding of unconscious energy by the preconscious and prevents a disruptive discharge of these same energies. The shift in sleep from rhombencephalic stage to telencephalic stage reasserts cortical regulatory mechanisms which introduce organization once again, thus short-circuiting the regression and release of unconscious energies.

Sensory deprivation in the non-sleeping subject is a different matter. The isolation from prestructured experience again produces a disorganization which effects the functioning of limbic structures and introduces a regressive movement to consciousness. This regression, however, does not bring into play mechanisms for binding and release of unconscious energy. Instead of the release of bound energy in which limbic activation is regulated, not by cortical mechanisms which reflect structured experience and reality orientation, but by a moderated discharge of instinctual energy, there is a release of unbound and unmoderated unconscious energy. This release of unbound energy disorganizes limbic functioning and produces the disorganization of experience found in hallucinatory phenomena and feelings of unreality. Some of this was dramatized by Freud in the following terms:

The unconscious wishful impulses clearly try to make themselves effective in daytime as well, and the fact of transference, as well as the psychoses, show us that they endeavour to force their way by way of the preconscious system into consciousness and to obtain control of the power of movement. Thus the censorship between the *Ucs.* and the *Pcs.*, the assumption of whose existence is positively forced

upon us by dreams, deserves to be recognized and respected as the watchman of our mental health. Must we not regard it, however, as an act of carelessness on the part of that watchman that it relaxes its activities during the night, allows the suppressed impulses in the *Ucs.* to find expression, and makes it possible for hallucinatory regression to occur once more? I think not. For even though this critical watchman goes to rest—and we have proof that its slumbers are not deep—it also shuts the door upon the power of movement. No matter what impulses from the normally inhibited *Ucs.* may prance upon the stage, we need feel no concern; they remain harmless, since they are unable to set in motion the motor apparatus by which alone they might modify the external world. The state of sleep guarantees the security of the citadel that must be guarded. The position is less harmless when what brings about the displacement of forces is not the nightly relaxation in the critical censorship's output of force, but a pathological reduction in that force or a pathological intensification of the unconscious excitations while the preconscious is still cathected and the gateway to the power of movement stands open. When this is so, the watchman is overpowered, the unconscious excitations overwhelm the *Pcs.*, and thence obtain control over our speech and actions; or they forcibly bring about hallucinatory regression and direct the course of the apparatus (which was not designed for their use) by virtue of the attraction exercised by perceptions on the distribution of our psychical energy. To this state of things we give the name of psychosis. (1900, pp. 567–568).

The analysis of the dream process from the point of view of the neurophysiology of dreaming makes it obvious that the function which Freud ascribed to the state of sleep is really a function

of REM activity and its associated mentation. It is necessary, therefore, to distinguish in applying Freud's comments as to whether they are appropriate for REM or for NREM activity.

It appears, then, by this understanding of the dream process, that the sleeper passes through alternating phases of reworking in terms of specific conflicts the preconscious residues in terms of secondary process organization and phases of controlled binding of unconscious energies to preconscious elements and discharging them into dream consciousness. Suppression of this activity allows the level of unconscious energy to build and thus can produce anxiety and can increase the likelihood of pathological unbound discharge. As Freud has pointed out (1933), the neurotic symptom is precisely an alternative mechanism for the discharge of unconscious energy. The dream process, therefore, has a specific function in the psychic economy which is fulfilled by no other mechanism. It serves to bind and discharge unconscious instinctual energies in a manner which is neither psychologically overwhelming nor physiologically disruptive. Thus the amount of dreaming is increased in proportion to the level of anxiety, is decreased in proportion to the degree of repression, and is increased by suppression of dreaming activity. It is, as has so often been said, a form of "regression in the service of the ego". But it is a regression that is biologically organized and is subserved by specific and highly integrated neural circuits whose understanding is only beginning to be explored.

REFERENCES

- ANTROBUS, J., DEMENT, W. C. and FISHER, C. (1964). "Patterns of dreaming and dream recall: an EEG study." *J. abnor. soc. Psychol.*, **69**.
- AZIMA, H. (1958). "Sleep treatment in mental disorders." *Dis. nerv. System*, **19**.
- AZIMA, H., VISPO, R. H. and MCKENNA, R. (1961). "Anaclitic therapy induced by drugs." *Comprehens. Psychiat.*, **2**.
- BANCAUD, J. *et al.* (1964). "Les accès épileptiques au cours du sommeil de nuit." *Rev. Neurol.*, **110**.
- BLISS, E. L., CLARK, L. D. and WEST, C. D. (1959). "Studies of sleep deprivation: Relationship to schizophrenia." *Arch. Neurol. Psychiat.*, **81**.
- BRUGGE, J. F. (1965). "An electrographic study of the hippocampus and neocortex in unrestrained rats following septal lesions." *EEG clin. Neurophysiol.*, **18**.
- COHEN, N. B. and DEMENT, W. C. (1965). "Changes in threshold to electroconvulsive shock in rats after deprivation of 'paradoxical' phase." *Science*, **149**.
- CONEL, J. L. (1939). *The postnatal development of the human cerebral cortex*. Vol. I (Cambridge: Harvard).
- DAVID, J. M., MCCOURT, W. F. and SOLOMON, P. (1960). "The effect of visual stimulation on hallucinations and other mental experiences during sensory deprivation." *Amer. J. Psychiat.*, **116**.
- DEMENT, W. C. (1960). "The effect of dream deprivation." *Science*, **131**.
- (1965). "Recent studies on the biological role of rapid eye movement sleep." *Amer. J. Psychiat.*, **122**.
- DEMENT, W. C. and FISHER, C. (1963). "Experimental interference with the sleep cycle." *Canad. Psychiat. Assoc. J.*, **8**.

- DEMENT, W. C. and WOLPERT, E. (1958). "Relationships in the manifest content of dreams occurring on the same night." *J. nerv. ment. Dis.*, 126.
- DIVRY, P., BOBON, J. and COLLARD, J. (1957). "Considérations sur les cures de sommeil potentialisées et les cures neuroleptiques en psychiatrie." *Acta Neurol Psychiat. Belg.*, 57.
- EISSLER, K. R. (1962). "On the metapsychology of the preconscious." *Psychoanal. Study Child*, 17.
- FAURE, H. (1960). "Sleep-induced group psychotherapy." *Int. J. group Psychother.*, 10.
- FEINBERG, I., KORESKO, R. L. and GOTTLIEB, F. (1965). "Further observations on electrophysiological sleep patterns in schizophrenia." *Comprehens. Psychiat.*, 6.
- FISHER, C. (1965). "Psychoanalytic implications of recent research on sleep and dreaming." *J. Amer. Psychoanal. Assoc.*, 13.
- FISHER, C. and DEMENT, W. (1963). "Studies on the psychopathology of sleep and dreams." *Amer. J. Psychiat.*, 119.
- FISHER, C., GROSS, J. and ZUCH, J. (1965). "Cycle of penile erection synchronous with dreaming (REM) sleep." *Arch. gen. Psychiat.*, 12.
- FOULKES, W. D. (1962). "Dream reports from different stages of sleep." *J. abnor. soc. Psychol.*, 65.
- FREUD, S. (1900). *The Interpretation of Dreams*. S.E. 4-5.
- (1917). "A metapsychological supplement to the theory of dreams." S.E. 14.
- (1933). *New Introductory Lectures on Psychoanalysis*. S.E. 22.
- GREEN, J. D. and SHIMAMOTO, T. (1953). "Hippocampal seizures and their propagation." *Arch. Neurol. Psychiat.*, 70.
- HARTMANN, E. L. (1965). "The D-state." *New England J. Med.*, 273.
- HEATH, R. G. (1958). "Correlation of electrical recordings from cortical and subcortical regions of the brain with abnormal behavior in human subjects." *Confin. Neurol.*, 18.
- (1961). "Reappraisal of biological aspects of psychiatry." *J. Neuropsychiat.*, 3.
- (1962). "Common characteristics of epilepsy and schizophrenia: clinical observation and depth electrode studies." *Amer. J. Psychiat.*, 118.
- (1964). "Developments toward new physiological treatments in psychiatry." *J. Neuropsychiat.*, 5.
- HEBB, D. O. (1955). "The mammal and his environment." *Amer. J. Psychiat.*, 111.
- HISHIKAWA, Y., et al. (1965). "H-reflex and EMG of the mental and hyoid muscles during sleep, with special reference to narcolepsy." *EEG clin. Neurophysiol.*, 18.
- JOUVET, M. (1961). "Recherches sur les mécanismes neurophysiologiques du sommeil et de l'apprentissage négatif." In: *Brain mechanisms and learning* ed. Delafresnage (Oxford: Blackwell).
- (1961). "Telencephalic and rhombencephalic sleep in the cat." In: *The Nature of Sleep* ed. Wolstenholme and O'Connor (Boston: Little, Brown) pp. 188-206.
- JOUVET, M., MICHEL, F. and MOUNIER, D. (1960). "Analyse électroencéphalographique comparée du sommeil physiologique chez le chat et chez l'homme." *Rev. Neurol.*, 103.
- JOUVET, M. and MOUNIER, J. (1962). "Neurophysiological mechanisms of dreaming." *EEG clin. Neurophysiol.*, 14.
- KING, A. and LITTLE, J. C. (1959). "Thiopentone treatment of the phobic anxiety-depersonalization syndrome: a preliminary report." *Proc. Royal Soc. Med.*, 52.
- LESSE, S. (1959). "Experimental studies on the relationship between anxiety, dreams and dream-like states." *Amer. J. Psychother.*, 8.
- LIVINGSTON, R. B. (1960). "Central control of receptors and sensory transmission systems." In: *Handbook of Physiology: Neurophysiology* ed. J. Field. Vol. I (Washington: Amer. Physiol. Soc.).
- LUBY, E. D., et al. (1960). "Sleep deprivation: effects on behavior, thinking, motor performance and biological energy transfer systems." *Psychosom. Med.*, 22.
- MACLEAN, P. D. (1954). "The limbic system and its hippocampal formation: studies in animals and their possible application to man." *J. Neurosurg.*, 11.
- MANDELL, A. J. and MANDELL, M. P. (1965). "Biochemical aspects of rapid eye movement sleep." *Amer. J. Psychiat.*, 122.
- MEISSNER, W. W. (1966). "Hippocampal functions and learning." *J. psychiat. Res.*, 4.
- MONNIER, M. and HÖSLI, L. (1965). "Humoral transmission of sleep and wakefulness: II. Hemodialysis at a sleep-inducing humoral factor during stimulation of the thalamic somnogenic area." *Pfueger Arch. ges. Physiol.*, 282.
- NAUTA, W. J. H. (1958). "Hippocampal projections and related neural pathways to the midbrain in the cat." *Brain*, 81.
- OFFENKRANTZ, W. and RECHTSCHAFFEN, A. (1963). "Clinical studies of sequential dreams: I. A patient in psychotherapy." *Arch. gen. Psychiat.*, 8.
- ONHEIBER, P., et al. (1965). "Sleep and dream patterns of child schizophrenics." *Arch. gen. Psychiat.*, 12.
- ORNITZ, E. M., RITVO, E. R. and WALTER, R. D. (1965). "Dreaming sleep in autistic and schizophrenic children." *Amer. J. Psychiat.*, 122.
- (1965). "Dreaming sleep in autistic twins." *Arch. gen. Psychiat.*, 12.
- RECHTSCHAFFEN, A., GOODENOUGH, D. R. and SHAPIRO, A. (1962). "Patterns of sleep talking." *Arch. gen. Psychiat.*, 7.
- RECHTSCHAFFEN, A., SCHULSINGER, F. and MEDNICK, S. A. (1964). "Schizophrenia and physiological indices of dreaming." *Arch. gen. Psychiat.*, 10.

- RECHTSCHAFFEN, A., VOGEL, G. and SHAIKUN, G. (1963). "Interrelatedness of mental activity during sleep." *Arch. gen. Psychiat.*, 9.
- ROFFWARG, H. P., MUZIO, J. P. and DEMENT, W. C. (1966). "Ontogenetic development of the human sleep-dream cycle." *Science*, 152.
- ROTH, M. (1959). "The phobic anxiety-depersonalization syndrome." *Proc. Royal Soc. Med.*, 52.
- SAMPSON, H. (1965). "Deprivation of dreaming sleep by two methods: I. Compensatory REM time." *Arch. gen. Psychiat.*, 13.
- SNYDER, F. (1963). "The new biology of dreaming." *Arch. gen. Psychiat.*, 8.
- (1965). "Progress in the new biology of dreaming." *Amer. J. Psychiat.*, 122.
- SOLOMON, P., *et al.* (1957). "Sensory deprivation. A review." *Amer. J. Psychiat.*, 114.
- TROSMAN, H., *et al.* (1960). "Studies in the psychophysiology of dreams: IV. Relations among dreams in sequence." *Arch. gen. Psychiat.*, 3.
- ULLMAN, M. (1958). "The dream process." *Amer. J. Psychother.*, 12.
- VELASCO, M. and LINDSLEY, D. B. (1965). "Role of orbital cortex in regulation of thalamocortical electrical activity." *Science*, 149.
- VOGEL, G., FOULKES, D. and TROSMAN, H. (1966). "Ego functions and dreaming during sleep onset." *Arch. gen. Psychiat.*, 14.

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ON THE DUAL USE OF HISTORICAL AND SCIENTIFIC METHOD IN PSYCHOANALYSIS¹

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The desire to emphasize the parity of method in psychoanalysis and in other sciences had both a logical justification and a justification in terms of a contemporary challenge in the first decades of the century. The combination in Freud's genius of a unique insight into the unconscious with an ability to systematize his findings into general laws capable of a considerable degree of verification made his discoveries a potential turning point for mankind. Freud was not merely the Copernicus of the mind, who had the intuition of genius; he was also the Kepler who through forty years formulated the laws of its working.

As Natural Science had arisen from the break-up of the mediaeval order, so psychoanalysis arose in response to the social changes of the nineteenth century—the increased application of scientific method and the diminished tolerance of physical and moral suffering. The inherent conflict between scientific and religious premises encouraged both doctors and patients to seek naturalistic explanations for phenomena which had previously been within the domain of the priest. According to Zilboorg, Charcot reclassified as hysteria phenomena well known to the Inquisition, which had regarded many of its signs as dramatic evidence of demoniacal possession. Freud was educated in advanced traditions of naturalism; he described Bruecke's physicalistic teaching as the most important intellectual influence of his life. None the less, psychoanalysis met an immediate rejection from the medical profession, and it was imperative to emphasize the scientific basis for its conclusions and to repudiate the charge that it was "an old wives' psychology". Most of Freud's early adherents possessed little or no status as scientists and the prestige of the subject was impaired by the controversies which broke out. The high aspirations and sense of mission of the early psychoanalysts, combined with the frustration of

having their vital knowledge ignored, sometimes led them to claim validity for their method at the expense of a full admission of its difficulties. For instance, the claim that the psychoanalytic method is "the logical equivalent of the experimental method" leaves a certain sense of unreality. Psychoanalysis is primarily a method of clinical investigation. It is difficult to believe that the pressures towards action involved in caring for acutely ill people do not sometimes render the comparison with experimental science inappropriate. Miller has deprecated such a comparison for medicine. In any event the comparison accords insufficiently with the experience of discussions with colleagues, even of similar theoretical viewpoint, let alone with the recurrent division of psychoanalysts into acrimoniously disputing schools. Though controversy has always beset science, the division into schools clearly marks some degree of failure in the power to apply the experimental method. How often can we really say, as Waelder did in 1939, that the work of the psychoanalyst should be compared with that of the detective, the gradual accumulation of clues leading to one inevitable conclusion? In fairness to Waelder, he admitted at the time that this was a tall order, but thought his description correct in principle. Twenty years later his approach to the problem was more modest.

It is true that psychoanalysts may maintain that scientific method is based on broader concepts than a combination of measurement and prediction, and that this view is supported by philosophers of science, and probably by most scientists working in experimental fields. The recognition of the broad base of a scientific method does not imply, however, that its difficulties should not be fully explored. Some of these may be illustrated from the symposia on validation of the American Psychoanalytical Association in 1955, when Brenner listed a

¹ Versions of this paper have been given to the British Psycho-Analytical Society, to the Department of Psychiatry, University of Toronto, and to the Department of Sociology, University of Cologne.

series of responses which might be taken to indicate that an interpretation was correct. The first three were: a diminution of anxiety; symptomatic improvement, or its opposite in a case where there is a predominant need to suffer; and a confirmatory memory, fantasy, dream, or other verbal association, or a confirmatory gesture, all of them with or without an appropriate emotional experience. Any of these events can be experienced by analyst and patient alike as convincing confirmation, but it is evident that this by itself would leave the problem both too loosely and too narrowly conceived. The intrinsic relationship of the response to the interpretation remains indeterminate. This is particularly clear when Brenner gives equal, or even preferential status to a diminution of anxiety as a response, compared with a confirmatory memory or dream. As Eleanor Steele pointed out, there are too many indefinable "hitch-hikers" with each interpretation for it to be judged solely by its ostensible intellectual content. I would add that even the intellectual content of an interpretation and its "confirmation" may not always be easy to define.

The differences between an interpretation and a typical scientific hypothesis will be discussed in more detail later. But there is also a wider problem: the "correctness" of an interpretation cannot be assessed in isolation from the fit of the analysis as a whole to the total personality. The "correctness" of interpretations are most satisfactorily evaluated only when patient and analyst alike have gained distance from the analysis. Freud never wrote a case history until the treatment was ended. His caution is reflected in his admission in the "Dora" case that as time passed he realized that his interpretations had failed to take adequate account of her latent homosexuality and of the transference.

The difficulties of the scientific methodology of psychoanalysis are clearly illustrated by the fact that the evidential problems leading to division into schools have not been better defined. At best the controversies have tended to centre on the question of what assumptions may be considered to be logically permissible. The question of how some psychoanalysts can find confirmation for their interpretations which others repudiate as unconvincing has been largely ignored as a methodological problem. As usual, Freud came nearest to the heart of the matter when he gave his opinion that the main difficulty was contained in the old saying "*Quot capita, tot sensus*"—"as many heads, so many

opinions". It is a thesis of this paper that the tendency to partisanship is fostered by considering psychoanalytic methodology exclusively in terms of scientific methodology. Since the historical method is near to the soil of the clinical method, discussion may sometimes be more profitably furthered by considering psychoanalysis from the standpoint of historical method.

That the genetic approach in psychoanalysis may be compared with that of the historian has been widely recognized. In spite of exceptions, however, reference to the writings of methodologists of history plays a comparatively small role in discussions of the methodology of psychoanalysis. For instance, in the American symposia on validation, the limitations of the scientific viewpoint in psychoanalysis were stressed by several speakers, but there is no report of a speaker who stressed the advantages of comparing psychoanalysis with history.

Hartmann has considered the relationship of the two methods. While appreciating the value of Dilthey's distinction between understanding and explanation, he has emphasized (1927) that "many understandable connections . . . are . . . actually causal connections", and concluded (1959) that while psychoanalysts study the individual's "life-history", "it would be misleading . . . to classify this aspect of analysis as a historical discipline. . .". Concern with developmental problems "should not obfuscate the fact that the aim of these studies is . . . to develop law-like propositions". At the 24th International Psycho-Analytical Congress (1965) he suggested that the historical aspects of the method had been over-stressed.

Philosophers, professionally sensitive to distinctions among types of explanation, have sometimes accorded a greater importance to the historical approach. Flew (1956) concluded that

the fundamental concepts of psychoanalysis . . . are precisely the notions which rational agents employ to give account of their own conduct . . . ;

that this makes psychoanalysis

a peculiarly rational enterprise, though in a sense which makes this assertion quite compatible with a claim that the methods of analysis are unscientific; that . . . it would be a mistake to attempt a logical reduction of these notions to physicalistic terms";

and, finally, that

comparisons between psychoanalysis and other disciplines dealing with men and their motives—

history for example—might help to illuminate some of the dark places of the former.

Meyerhoff (1964) drew attention to the role of subjective elements in history and in psychoanalysis, and to the fruitful interaction on one another of historical and scientific methods. Among psychoanalysts Erikson (1958) seems to be unusual in referring, as does Meyerhoff, to Collingwood, whose elaboration of the thought of Croce provided the outstanding influence in the English-speaking world of the last half century on the methodology of history. He quotes sympathetically Collingwood's definition of a historical process as one "in which the past, so far as it is historically known, survives in the present", as relevant at least to the self-conscious activity of the clinician. Home (1966) criticized the claims of psychoanalysis to be a science. While Home appreciated the epistemological significance of understanding by identification, as opposed to explanation, he made a more questionable distinction between scientific thought, concerned with facts, and that of the humanities (such as psychoanalysis) concerned with interpretation. My own view is similar to that of Meyerhoff. Both methods are used fruitfully. But I think that a great deal of confusion remains, leading to an over-estimation of our powers of explanation, thanks to a failure to differentiate their functions in greater detail. To attempt such a differentiation is the main aim of this paper.

The existence of varying schools of thought is of course no sign in itself that a subject is not justly classed as a science. The history of all sciences has been beset by controversies. Interpretation in science almost regularly becomes subject to controversy, when access to experiment cannot be achieved, or when an attempt is being made to unify theory. Scientists have often used intuitive methods to arrive at their theories, as is now well known. But what distinguishes the aim of scientific method, and usually the calibre of the great scientist, is the ability to devise acceptable methods for testing hypotheses which may themselves have been reached by intuition or by logic alone. This is what the divines at the Council of Trent (1545-1563 A.D.) understood as crucial, according to Whitehead, when they objected to the empiricism of the scientists as a devaluation of reason.

To maintain that there is a distinction between historical and scientific method is in itself

controversial, though there can be little difficulty in agreeing that the testing of historical propositions is a more problematical procedure than the testing of hypotheses in an experimental science. The essence of history has been considered to lie in its capacity to provide explanations, and Langlois and Seignobos, for instance, have said "L'histoire, explicative avant tout, mérite bien le nom de science". Bury similarly gave his opinion "History . . . is simply a science, no less and no more". In recent times, Popper, in spite of his antipathy to determinism, has maintained that explanations of the past are in logical form no different from predictions.

Among the Greeks there was certainly no distinction between natural science and history. The word *historia* means inquiry, and Herodotus, the earliest known historiographer (as opposed to chronicler) was strongly under the influence of the medical school of Hippocrates, just as the German historians of the nineteenth century, exemplified by Mommsen, sought to emulate the methods of the scientists of the nineteenth century. It was the aim of Herodotus to look into past events in order to replace *doxa* by *episteme*, opinion by knowledge, and thus, by skilful questioning, to perform a task which, according to Collingwood, the Greeks had thought impossible.

However, a distinction between two paths to knowledge became acute with the emergence of experimental science at the Renaissance. In the Middle Ages science had meant knowledge of any kind. In 1725 the word appeared in the English language with a meaning defined by the Oxford Dictionary as follows:

A branch of study which is concerned either with a connected body of demonstrated truths or with observed facts systematically classified and more or less colligated by being brought under general laws, and which includes trustworthy methods for the discovery of new truth within its own domain.

If we follow this definition, the view of the historian as a scientist can most plausibly be illustrated by the work of historians such as Buckle or Spengler, or the Marxist historians, who set out to describe the laws which govern the evolution of society. But not only is the type of historical generalization which is reached notoriously impermanent, but the work of the vast majority of historians in all ages has not been of this kind. In practice what historians mostly study is human thought and motive. This

is similar to the main object of study of the psychoanalyst in his patient. The psychoanalyst's interest in the past is, of course, for the purpose of explaining the present, whereas this is much less directly true of the majority of historians.

If the reconstruction of past human thought is regarded as a science, then, as Collingwood noted, it is a science of a somewhat special kind, since the path of inference from anything that can be compared with observations is extremely indirect. Not one inferential step, but a chain of inference is usually required before the historian can begin to conceptualize the real object of study. Magna Carta is a legal document formulated from many precursors. What Magna Carta in fact meant for administrative and social relationships in the thirteenth century remains a more problematical question than the tracing of its derivation. Each clause requires a separate evaluation. But it has to be accepted that Magna Carta will not sustain a great many of the interpretations which it received in the seventeenth and in the nineteenth centuries. Reconstruction based on indirect chains of reasoning tends to receive varied formulation in the mind of each individual historian. Historians, and philosophers of history who have also been historians, have therefore often opposed the view that history is a science. Croce, Collingwood, Trevelyan, and Butterfield are examples. The dispute over the essential nature of historical reasoning continues after a century. It is permissible to regard such a continuance of a philosophical controversy as a sign that it is in an insoluble phase.³ It therefore seems appropriate to accept the view which Gardiner formulated in *The Nature of Historical Explanation* (1952). He emphasized that there is a "slide" from explanations of a scientific type in history, which are concerned with covering law, to those of "historical type proper". I should like to define the distinctions which I would make, and refer them to psychoanalysis.

The aim of science is ideally to provide unitary explanations of multiple phenomena. This is what is implied by the theory of covering law. A psychoanalytic science exists which is built up from covering laws, examples of which are the libido theory, or the theory of the interpretability of a range of clinical phenomena

in terms of the theory of transference. A further example of a covering law is the law of psychic over-determination, that is, (as I understand it) that there may be multiple motivation for a single phenomenon of psychic expression. But with the admission of the validity of the principle of over-determination recognition is achieved that the psychoanalyst is forced to operate in many areas of his practice with a logical method which contrasts strongly with the usual method of science. Instead of finding unitary explanations for multiple events, he must find multiple explanations for unitary events. The criterion of acceptability of an interpretation cannot in these circumstances be simply his success in elucidating a covering law, since, as Freud understood, explanations may have to be offered simultaneously on levels which are only loosely compatible with one another, and a single law uniting them is not to be defined. This mode of explanation is the antithesis of what would be required by Occam's razor.

The sense of conviction which can be derived from such explanations is therefore due, not to the elucidation of a covering law, but to the judgement that a complex assessment of the interrelationship of psychological motives and external pressures has been satisfactorily achieved. This is a judgement of process, rooted in the immediate or distant past of the individual, and as such a judgement of historical type. It is in fact a consequence of the multiplicity of explanations possible in history that every historian will emphasize the significance of different causal connections. Butterfield has pointed out in *The Whig Interpretation of History* that every historian in fact writes the history of his own generation. Freud said something analogous when he confessed that he tended to interpret his patients' material in terms of the problem which was interesting him at the time. All this can be summarized by saying that in psychoanalysis there is some degree of shift in the criteria of success in explanation from those of natural science, which centre on objective criteria of verification determined by the material to be studied, to the criteria of historical interpretation which accord more weight to endo-psychic satisfaction.

The psychoanalyst is confronted with his phenomena as a totality. The experimental

³ In spite of Berlin's opinion (1954) that since Popper's *Poverty of Historicism* there is no excuse for regarding history as a science.

scientist sets out to isolate each variable of the process to be studied in order to formulate a single hypothesis and test it. The prediction which he makes is typically on the basis of a single law. For the psychoanalyst, as for the historian in Gardiner's description of his work, to understand the phenomena in terms of a single law is only one problem among several. What also concerns him is to know which law to apply at a given moment, and how the laws may be considered to interact. It is true that the psychoanalyst attempts to group phenomena, and therefore in a sense to isolate them, by an assessment of similarities conveyed to the patient in the form of an interpretation. Here again however he acts more like a historian who interprets a developing process. When the psychoanalyst's assessment is shared by the patient at a pre-conscious level of ego-functioning the result is that the phenomenology of the analysis is "clarified". The patient brings an increasing number of associations which will accord with the same explanation, so that the explanation itself deepens in its complexity and range of applicability to past and present events. This process is highly satisfying to patient and analyst alike, and seems to have some relationship with therapeutic success. As a psychoanalyst, in the course of his development, acquires increasing skill in clarifying his patient's material in this way, so he acquires an increasing confidence in his power to help a broader spectrum of his patients, as well as a greater ease in his work. But this is a very different type of selection from that made by a scientist in an experiment. It is a sign that a certain accord has been reached between the observer and the patient who is observed, at least for the duration of that part of the analysis. This accord and interaction take place in the context of an intense love relationship on the part of the observed for the observer, imposing an admitted strain on the objectivity and ease of functioning of the observer.

The extent to which the observations of the scientists themselves impose distortion or variation on the facts to be isolated and studied has been prominent in scientific thinking at least since Whitehead's *Adventures of Ideas*. It may be doubted if the emotional stimulation of the observer by his observational data is often as intense, or of the same order as in psychoanalysis. That such an emotional potential exists is recognized in the discussions of the ramifications of what are usually classed as transference and

countertransference phenomena, and to some extent regarded as pathological. What the literature does not stress is the immense impact of the value system of patient and analyst alike on the interpretations which are given, and the total analysis that results. But it emerges in every second analysis of a patient by a new analyst, that the alteration in the manner and matter of each analyst's understanding, according to the differing ethos of each, is profound. Even the divisions between schools may depend upon classes of value system as well as on controversies over the significance of evidence.

The psychoanalyst's valuations are, like the historian's, for the most part orientated to the patient's past. In "Der Begriff der Deutung in der Psychoanalyse" (1932) ("The Concept of Interpretation in Psychoanalysis") Bernfeld maintained that a reconstruction of past events is not a reconstruction of the patient's motivation (*Asbicht*), though the whole of psychoanalytic interpretation for any individual hinges on the question of motivation. Though most psychoanalysts would lose confidence if a correlation with actual events were not supplied by the patient with some constancy, psychoanalytic reconstructions are essentially aimed at psychic experience. In spite of dramatic successes, such as that revealed by Marie Bonaparte's confirmation on the basis of the *Cinq Cahiers* of Freud's reconstruction of her observations of her nurse's intercourse and its effects, the relationship between reconstruction of events and of intention in practice remains variable. Bernfeld concluded that the psychoanalyst does not so much reconstruct events as build a model of them. Before returning to the reasons for preferring to regard reconstruction as a historical rather than as a scientific technique I should like to give two examples of the difficulty of the method. The first comes from history and illustrates the difficulty in reconstructing motivation when the reconstruction of the facts is unassailable; the second is from the psychoanalytic literature and refers to the difficulty in reconstructing the facts even when the motivation is understood.

In 1670 Charles II of England signed a treaty at Dover with Louis XIV. The financially harassed English king agreed to come to the help of France to overthrow the United Provinces of the Netherlands. Historians could reconstruct that a secret *quid pro quo* must have been agreed. In the present century the postulated Secret

Treaty of Dover was discovered in a drawer of an old desk. In it Louis agreed to pay Charles a personal income of £200,000 a year in return for his agreement to lead England back to Catholicism. The reconstruction of events was conclusively confirmed, but the question of Charles II's motivation—whether he really intended to lead England back to Catholicism or merely to use Louis XIV to solve his financial problems—remained as enigmatical as before.

The second example is from the manner of Freud's reconstruction of the Wolf Man's observation of parental intercourse. The Wolf Man's sexual compulsions led Freud to conclude that observations or fantasies of the sexual intercourse of his parents had been decisive for his character formation. The importance of experiences and fantasies of parental intercourse for the formation of introjects is now generally recognized, and this discovery is one of the outstanding examples of Freud's psychological genius. When Freud's argument is examined in detail, however, one sees that he does not explain all the steps in it with equal clarity. It is easy to understand his assumption that the patient used reversal as a defence in order to transform a scene of violent movement into a scene of uncanny stillness. He does not explain, however, why the patient abandoned the defence of reversal in respect of his parents' white underclothes, the colour of which survives unchanged in the whiteness of the wolves. The result is that whereas Freud's inference that the Wolf Man's sexual habits were influenced by fantasies or more probably by observations of sexual intercourse between his parents or between animals is generally convincing, some doubt remains—which Freud may be thought to have shared—of the validity of the details of the postulated scene of parental intercourse and therefore of the details postulated to determine the Wolf Man's sexual behaviour.

These examples illustrate two points concerning the use of scientific principles in making reconstructions. When they are aptly applied, as in the historical example, the problem of motivation may remain. Even when the problem of motivation has been grasped the technique of reconstruction of detail may be too complex to be consistently applicable, as Freud pointed out in "The History of an Infantile Neurosis" (1918) and in "Constructions in Analysis" (1937). These uncertainties, as Bernfeld saw,

imply that psychoanalysis shares all the difficulties of retrospective studies, of which history is the prototype for human affairs.

The ultimate problem of knowledge for the psychoanalyst is thus the same as for the historian: it consists in the special requirement for each that he must recreate the psychic life of his object of study within his own mind. History and psychoanalysis depend upon a process of identification. This contrasts with the work of the natural scientist, for whom identification with nature and its laws is impossible, since they are not subject to introspective awareness. It is this difference, adumbrated by Dilthey's distinction between understanding and explaining, which led Croce, Oakeshott, and Collingwood to formulate a principle summed up in Collingwood's famous paradox, "All history is contemporary history", since the past can be studied only in so far as it takes place currently in the mind of the historian. This is the basis of Collingwood's assertion that the epistemological position of historical studies is unique. Collingwood's position led to exaggeration. He maintained, for instance, that when the historian understands Nelson's tactical motives at the battle of Trafalgar his thought is identical with Nelson's. Such a proposition raises difficult issues of the definition of thought, and the relationship of conscious thought to its unconscious substrate, and to the body. But it remains a great advance in philosophical insight to perceive that an act of intuition by identification with the thoughts and feelings of another human being is a creative act which deserves to be distinguished in type from an act of creative intuition which does not depend upon identification. In the first, the sources of knowledge are weighted towards the revival in the historian or the psychoanalyst of endopsychic experience; in the second, they are weighted towards testing reality in the external world.

It has often been maintained by psychoanalysts that the patient "relives" his past in the transference and thus transforms the subject matter of history into an observational study in the present. It is necessary to consider what is meant by such phrases as "repetition in the transference". Clearly, the phrase is not a description, but a metaphor; experiences cannot be repeated in a literal sense.³ They cannot be

³ It may seem unnecessary to labour this point when Heraclitus emphasized more than two thousand years ago that no man steps into the same river twice. But it seems to me that Heraclitus is often forgotten in psychoanalytic discussion.

"repeated" in any sense if they have not remained in some degree active in the patient's mind up to the time of the "repetition". What happens with the initiation of psychoanalytic therapy is that the relationship of the repressed memories to the ego's defences is altered. Re-catheted by the desire for introspection and understanding in order to overcome frustration, the repressed memories now strive towards recall within the psychoanalytic session. The first stage of such recall, owing to the difficulty of modifying unconscious drives tends to be the expression of an emotional attitude or piece of behaviour directed towards the analyst. The metapsychological structure of the psychoanalytic session thus in some respects resembles the structure of a dream. Memories are catheted by unsatisfied desires and expressed in distorted form as words and behaviour, just as in dreams they are expressed in distorted form as hallucinations.

But the same difficulties apply to the interpretation of these phenomena as to all other forms of reconstruction. It is not a matter of the simple "repetition" of a total experience, but of the recathexis of discrete aspects of memory under the impact of the desire for understanding within a particular context of interpretation. Indeed, it seems doubtful if the recall in the context of analytic support and adult mentation, of even an affective reaction can be identical with the affective reaction of a child.

Not infrequently an interpretation can be convincingly supported. But the return to consciousness of an affect-laden memory is not to be confused with repetition. The "compulsion to repeat" in the transference refers rather to attitudes, reactions, symptomatic acts. As such they are already phenomena which may be more discretely formulated than the repressed memories to which they allude. For instance, falling off a swing may have to be represented by stumbling at the door of the consulting-room. This is again not a matter of simple repetition, but of the formation *de novo* of a symptomatic act designed to give expression to a repressed memory in a form suitable to the physical conditions of analysis. Such symptomatic acts are often more restricted in their reference to past events than were the complex attitudes which we suppose as their precursors. The attitude to the analyst of the adult patient who stumbles at the door cannot be identical with her attitude as a child to the sister who "by accident on purpose" pushed her off the swing. The same difficulties apply to the

interpretation of affective patterns as to all other forms of reconstruction. So far from being a matter of simple repetition, it is a question of the expression of psychic formations designed, in varying degrees, both to represent and screen elements of a total experience.

In contrast to this, a view of reconstruction in analysis is sometimes maintained which accords to it a very high scientific status as "a prediction into the past", confirmed by the patient's subsequent memories or associations. Even if this view were accepted, both the prediction and its confirmation are of a different order from the type of prediction which is the hallmark of the natural sciences. As has been emphasized, scientific prediction is typically based on the operation of a single law. The weakness of Popper's argument that assumptions about human behaviour must be made in order to obtain agreement on the likelihood of historical reconstructions is immediately apparent. Whereas the scientist who designs an experiment to test a hypothesis knows exactly what his hypothesis is, the historian's hypotheses, as Gardiner emphasizes, are implicit and extremely difficult, if not impossible, to define.

Sometimes psychoanalytic reconstructions may, of course, be simple in structure, and be conclusively confirmed by memories. But Freud pointed out in his paper on "Constructions in Analysis" (1937) that what in general differentiates reconstructions from interpretations is that interpretation applies to a single element, whereas reconstructions concern "a piece of" the patient's "early history which he has forgotten". Since only a part of the total can normally be constructed at any time, the patient's response—for instance his refusal to accept an apparently valid reconstruction—may be based on unconscious knowledge of modifying factors. This situation is again very similar to that in history. Namier's clarification from confidential papers of the nature of parliamentary groupings in the reign of George III, or Maitland's of a point of Canon law from the procedure for burning a heretic (a deacon who turned Jew for love of a Jewess) still require to be understood within a wider attempt to reconstruct the psychology of an age. The analogy between psychoanalytic reconstruction and reconstruction in history is far closer than the analogy with prediction in natural science.

It would be wrong to feel certain, even at the end of a long analysis, that the model of the personality achieved could not be subjected to

modification. The psychological processes are of great complexity, and their interrelationships capable of being differently interpreted. Such phrases as "the patient relives his past in the transference" are crude expressions which telescope the psychic processes. In the course of development the drives become increasingly bound with cathexes of object-representations, and modes of defence become habitual, so that psychic life inevitably bears a certain stamp of repetition. But the reconstruction of the psychic life of the child in psychoanalysis is inevitably partial and can only be loosely compared with prediction from a scientific law.

Prediction is also said to be used to foretell the emerging layers of the patient's associations. Here again the same objections apply: the theme of the patient's associations is capable of very variable assessment. Besides, experienced analysts differ in their view of the extent to which the smooth and logical development of the material is an artifact imposed by the technique of selection for interpretation. In any case the power of "prediction" functions with great variability; it is insufficient to prevent periods of puzzlement in every analysis. To what extent an analyst can in fact foretell the course of psychoanalytic material will be difficult to estimate as long as we have almost exclusively retrospective studies at our disposal. Only the recording of assessments made at the time can test their reliability as predictions, as Kris emphasized. The evidence which the psychoanalyst can use in such studies is at present based on inexact observation-records, distorted by secondary revision. His ability to convince his readers is proportional either to the complexity of logical relationship which he can bestow on the phenomena, or to the well-argued originality (or unoriginality) of his views. His account carries conviction by the same criteria as are applied to a work of history, to legal argument, or to philosophy or literary criticism. Truth therefore becomes in some degree a function of the number of judges, since the individual evaluations of an account of a psychoanalytic treatment seem always to remain variable.

It is in considering psychoanalytic controversies that the advantages of emphasizing the value of an historical orientation are greatest. The inherent value of the historical method is that controversies between psychoanalysts will be interpreted with regard to their meaning as historical phenomena, and not simply as technical disputes in a technical discipline. When he considered the secession from psychoanalysis of Freud's Swiss collaborators, Jones drew attention, not merely to the personal and intrapsychic factors involved, but also to general considerations of the influences on the formation of the Swiss character of the peculiarities of Swiss history. In doing so he set a welcome example. Today it is easier to understand the secession of both Jung and Adler as in part determined by the lack at the time of an ego psychology, which left them confronted with the unconscious in a way which was too difficult for them to assimilate. The lack of an ego psychology itself had historical determinants, in the magnitude of Freud's discovery of the dynamic unconscious and possibly in its appeal as a revolt against the naïf materialism of the physicalistic tradition, and an oppressive sexual morality. Similarly, it may be possible to understand the increasing preoccupation with the theory of the death instinct, not merely as an attempt at an epistemological solution of a problem in psychoanalytic theory, but also as the result of the impact on Freud and other analysts of their confrontation with human aggression in the first World War. To place psychoanalytic theories in a historical context follows a mode of explanation which has been applied to other sciences impressively, for instance, by Clark in *The Seventeenth Century*.

In regard to later controversies, not only the theories themselves need to be assessed, but the impact on the *Weltanschauung* of analysts of migrations, or of a change of focus of interest when a sexual revolution in which an earlier generation of analysts had been pioneers has largely been won. We should not only accord a high valuation to the historical method in discussing the psychoanalytic method. It is also of value for assessing the significance of our controversies and our difficulties with the world and with each other.

REFERENCES

BERLIN, I. (1954). *Historical Inevitability*. Auguste Comte Memorial Lecture. (London: Oxford Univ. Press).

BERNFELD, S. (1932). Der Begriff der Deutung in der Psychoanalyse. *Zeitschr. f. Angewandte Psychologie*, 42.

BONAPARTE, M. (1939). *Five Copy Books* (London: Imago, 1950-53).

BRENNER, C. (1955). Contribution to Panel on Validation of Psychoanalytical Techniques. *J. Amer. Psychoanal. Assoc.*, 3.

BURY, J. B. (1903). *The Science of History*. (London: Cambridge Univ. Press).

BUTTERFIELD, HERBERT (1931). *The Whig Interpretation of History*. (London: George Bell).

CLARK, SIR GEORGE (1947). *The Seventeenth Century*. (London: Oxford Univ. Press).

COLLINGWOOD, R. G. (1946). *The Idea of History*. (London: Oxford Univ. Press).

CROCE, BENEDETTO (1941). *History as the Story of Liberty*. Transl. S. Sprigge. (London: Allen & Unwin).

— (1915). *The Theory and History of Historiography*. (London: Harrap, 1921).

DILTHEY, W. (1924). "Ideen über eine beschreibende und zergliedernde Psychologie." *Gesammelte Schriften*, 5. (Leipzig: Teubner).

ERIKSON, E. H. (1958). "The nature of clinical evidence." *Daedalus*, 87.

FLEW, A. (1956). "Motives and the unconscious." *Minnesota Studies in the Philosophy of Sci.*, 1. (Minneapolis: Univ. Minnesota Press).

FREUD, S. (1918). "From the history of an infantile neurosis." *S.E.* 17.

— (1933). *New Introductory Lectures*. *S.E.* 22.

— (1937). "Constructions in Analysis." *S.E.* 23.

GARDINER, PATRICK (1952). *The Nature of Historical Explanation*. (London: Oxford Univ. Press).

HARTMANN, HEINZ (1927). "Understanding and explanation." In *Essays on Ego Psychology*. (London: Hogarth, 1964).

— (1959). "Psychoanalysis as a scientific theory." *ibid.*

HOME, H. J. (1966). "The concept of mind." *Int. J. Psycho-Anal.*, 47.

JONES, E. (1955). *Sigmund Freud: Life and Work*. (London: Hogarth).

LANGLOIS, C. V. and SEIGNOBOS, C. (1898). *Introduction to the Study of History*. trans. G. G. Berry (London: Duckworth).

MCKECHNIE, (1905). *Magna Carta: A Commentary on the Great Charter of King John*. (London: Maclehose).

MAITLAND (1898). *Roman Canon Law in the Church of England*. (London: Methuen).

MEYERHOFF, H. (1964). "On psychoanalysis as history." In: *Psychoanalysis and the Human Situation*. Ed. Marmorston and Stainbrook. (New York: Vantage Press).

MILLER, H. (1966). "Fifty years after Flexner." *Lancet*, 2, 647.

NAMIER, L. (1929). *The Structure of Politics at the Accession of George III*. (London: Macmillan).

OAKESHOTT, M. (1933). *Experience and its Modes*. (London: Cambridge Univ. Press).

POPPER, K. (1957). *The Poverty of Historicism*. (London: Routledge and Kegan Paul, Paperback edition with additions, 1961).

STEELE, E. (1955). Contribution to Panel on Validation of Psychoanalytical Techniques. *J. Amer. Psychoanal. Assoc.*, 3.

TREVELYAN, G. M. (1913). *Clio: A Muse and Other Essays*. (London: Longmans Green).

WÄELDER, R. (1939). "Kriterien der Deutung." *Int. Z. f. Psychoanal.*, 19.

— (1962). Psychoanalysis, scientific method and philosophy." *J. Amer. Psychoanal. Assoc.*, 10.

WHITEHEAD (1926). *Science and the Modern World*. (London: Cambridge Univ. Press).

— (1933). *Adventures of Ideas*. (London: Cambridge Univ. Press).

ZILBOORG, G. (1941). *History of Medical Psychology*. (New York: Norton).

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DYSAUTOMATIZATION: A DISORDER OF PRECONSCIOUS EGO FUNCTIONING

I. PETER GLAUBER¹

Many, if not most, of the ego functions operate automatically, which is to say, preconsciously. It then follows that a disturbance affecting the automaticity, and with it the preconscious qualities, of such functioning—I refer to it as a *dysautomatization*—is indeed a fundamental disturbance. This paper will consider certain phenomenologic and psychoanalytic aspects of the problem.

Some functions like perception, though usually operating preconsciously, may under special circumstances of learning or defensive range alertness take on more *quality*, the Freudian expression for increased cathexis, through focussed attention, leading to conscious cathexis of the functioning. This would be especially true for the monitoring or feed-back component of this complex operation. We might call such functioning *facultative*, in contrast with another group of functions that are always in health obligatorily preconscious. It is the clinical experience with the latter group, the so-called ego automatisms, more particularly the function of speech and its disturbances, that stimulated this paper and contributed the major part of the clinical data and theory. Implications for other automatisms are suggested. In addition, disturbed fluency in muscular coordination and lability of optimal tonicity (hyper and hypotonicity) are discussed. Characteristic of dysautomatization is a difficulty in the smooth transition from automatic to conscious functioning, and occasional combination of the two. An example of the latter is the clumsiness of some stutterers in shifting from extemporaneous speaking without notes to speaking from notes, or to reading, and *vice versa*.

While normally connections exist among the unconscious, preconscious, and conscious functioning, there are also normal barriers interspersed among them offering more or less

difficulty in transition from one level to another. In the presence of dysautomatization, however, the balance between the three is disturbed. It is noteworthy that the attempt at their conscious control is in the nature of an inhibition. Inasmuch as the inhibition often serves as an adaptation (i.e., either as an inhibition of expression *per se* or as inhibition alongside an expression-symptom) it itself becomes secondarily automatized. This is evidenced clinically by the patient being not at all or hardly, or only peripherally, aware of his jerky, iterative or tonic speech. One reason for this presentation is to exemplify a syndrome of much wider distribution than the example might suggest. Another reason is theoretical: to illustrate intra-ego conflicts (conscious vs. preconscious functioning) as between real or phenomenological rather than theoretical entities. So much for the sketchy overview of the disturbance of an automatism referred to here as dysautomatization; it will be discussed in more detail later on.

First, we must concern ourselves with the nature of the disorder. It can best be described as a developmental process, the process of acquisition of the ego function of speaking, and its deviation into a pathologic syndrome. This viewpoint emphasizes a unique fact that stuttering emerges while speech in its advanced form—the automatic form—is still in process of being mastered. Speech, like other ego functions in their development, commences as narcissistic play, then progresses by playful conscious imitation and unconscious identification toward utilitarian aims beyond play (meaningful verbalization) involving objects and object relations. In the process the quality of cathexis changes from unconscious to conscious and preconscious. Finally, the process operates as an automatism, that is to say, that transformation from thoughts to words and the supervisory

¹ At the time of his death, in December 1966, Dr Glauber had not completed this paper. It was read by Dr Peter Laderman at the May 1967 meeting of the Westchester Psychoanalytic Society. The paper was

completed by Mrs Helen M. Glauber and Dr H. Robert Blank, no material change or addition being made in Dr Glauber's manuscript.

tasks of monitoring and feed-back of sound and fluency take place preconsciously.

At moments of new learning experiences or of danger, situations which might be called potentially traumatic, some conscious, or even some total self-conscious, qualities or cathexes are added, resulting in some added efficiency or acquisition, though the burden of working with two monitors is evidenced by a lessening of fluency. However, in almost all such incidents the added attention cathexis and the shifting back into the regular automatic pattern is rapid and uneventful. The normal developmental pattern of the automatism then is: first, simple, smooth automatic expression of lalling and echolalia (unconscious, or id); then less fluent, halting imitation (conscious, or conscious ego); finally effortless, fluent, most efficient expression (preconscious, preconscious ego). The essence of the pathologic formation is the repetitive intrusion of some attempts at conscious monitoring in a process that has already developed to the more efficient phase of automatic functioning and which still persists in such functioning. In addition there are also intrusions of sounds from the earliest tension discharge or id level. Thus there is an alteration in the quality of the preconscious cathexis (Kris, 1950) and its characteristic style of fluency is modified. Despite regressive intrusions, complete regression to a former modality does not occur. In addition, the new cathexis is not firm but labile. The effect is shifting from hypercathexis to decathexis. What can produce such an effect? The answer is trauma.

In dealing with trauma in the context of its disturbing an automatism, it is difficult to avoid a historical reference, although brief, to its place in the context of the psychoneuroses. At the same time the comparison and the contrast between the two syndromes (dysautomatization and neurosis) are significant. Freud (and his followers) ceased referring to the traumatic theory of the neuroses when Freud discovered that it was the fantasied trauma that was the nucleus of the neurotic disturbance. Later on, the term trauma was limited in its use to the special neurosis, the traumatic neurosis, thought to function, paradoxically, "beyond the pleasure principle" (Freud, 1920). Actually, both the psychoneuroses and the traumatic neuroses contain the strangled affects stemming from blocked libidinal and aggressive drives. However, their ratios differ in the two neuroses, with the aggressive drives more directly involved in the

traumatic. Certainly when we refer to the traumatic neuroses we have in mind realistic traumata, i.e., overwhelming stimuli from the environment. These, as suggested by Greenacre (1952), may have an organizing effect on the fantasy and produce a state of shock which may also initiate a new psychic trauma. The tendency to repeat is present in both: in the psychoneurosis it takes the form of anticipatory signal anxiety; in the traumatic, the breakthrough in speech of elements of the original trauma with or without elements of defence along with massive anxiety. On the other hand, the characteristic tendency to repeat in traumatic neuroses may be related to the well-known phenomenon of libidinization of elements of the traumatic experience or other elements associated with or immediately antecedent to them. The two syndromes contrast in the way anxiety is handled: the psychoneurotic develops a (new) defence against it in the form of a sensitized anticipation which we call signal anxiety to ward off anxiety mounting to a disorganizing degree. The traumatic-neurotic deals with it by total repression during wakefulness only to have the anxiety break through the weaker defences of the sleep-ego. Repetitions are more episodic and dramatic, signal anxiety more consistent. But the two syndromes are comparable in that what are impaired are specific drive and affective manifestations, leading to fixations and difficulties in development, and impaired resolution of conflicts. The ego as such is only secondarily affected and then only or mainly in the circumscribed areas of the fixated drives and affects.

How does trauma affect an ego automatism like speech? Before this can be answered we might first inquire into the nature of the trauma. Interestingly, there is often a sudden, sharp, realistic trauma, a minor accident such as a fall, or an injury, or an acute illness which immediately precedes the onset and precipitates it. However, the determining trauma is the composite, earlier, long-range series of events of which the precipitating trauma is possibly a proof or a consequence. In the broadest terms, the essence of the trauma is the child's feeling of separation from the primary identification with the mother. This is an actual experience for the child—and undoubtedly it is later elaborated and organized by him—an uncanny intuitive awareness that suddenly, even though momentarily, the mother withdrew from him. She actually does so perhaps only in a recurrent fleeting moment of

anxiety when her own much-wished-for state of symbiosis with the child is interrupted. That moment is generally one when the child shows some ego mastery, often of a slight degree, or any reminder of difference between them. She becomes aware of separateness, of "two-someness", and almost imperceptibly moves from a set unselfconscious, enjoyable involvement with the child, whether it is nursing or the teaching of words, to one of quizzical or anxious observation of him. The child instantly reflects this change and reacts similarly. We might describe it as a bit of flight, a bit of selfconsciousness. In metapsychologic terms, there is a cathectic shift from the play of object libido to one of narcissistic libido; more accurately, from attempts at object libido or completing self-differentiation to an earlier ego state—the ego-cosmic or the undifferentiated state. The mutually enjoyable game of teaching-learning words and speech is particularly vulnerable to such interruptions of, and returns to, the fluency and automaticity of the speech. In this type of pathogenic milieu interruptions in the fluency of processes such as nursing, walking, talking, etc., accompany many, if not most, of the stages of ego development and differentiation in the child.

Following from these experiences, processes of completing phases of ego development and moving on to new ones come to be regarded by the child as dangerous, not only to himself but to the mother as well. In the description which is to follow of the (more or less definitive) stages of this pathological development, we shall see how the fixation of one or several ego automatisms gets organized in the mental life of the patient and affects his self-representation and total functioning.

The above is a sketchy fragment of an aspect of the mother-child relationship as it relates to the problem of some automatic functions. The anal and phallic-urethral meaning of this child to its mother and its connection with the phallic ideals of the mother and her forebears I have described elsewhere (Glauber, 1952, 1959). Here only the complex of trauma and its repercussions are being highlighted.

Something should be said about specificity in choice of symptom. It has been my observation from personal communications and from the literature that this problem is generally not considered in practice. There are gross lacunae in our knowledge about specificity. I have been impressed by (i) the ambivalence of the nursing

mother—a "stuttering" type of nursing, impressing ambivalence on the oral apparatus which is later borrowed for purposes of speech; (ii) the peculiar sensitiveness to speech on the part of the mother who herself diagnoses stuttering in her child prematurely (during the normal early iterations), a sensitiveness partly related to the not infrequent stuttering of her father or brother to whom she related competitively or by idealization (the phallic-urethral exhibitionism has been mentioned above); and (iii) by the fact that this is a disturbance during the learning phase of an automatic function (or before it is fully learned), and that in a sense, as a result of trauma, it has been "learned" incorrectly and in large part has been secondarily automatized and experienced by the stutterer as his "normal" speech.

What remains now is to relate the effects of the trauma on the production of the symptom and the effect of both trauma and symptom on the total personality. Both symptom and total personality are unique in that they differ from the classical psychoneurosis in significant aspects. In stressing this fact I am thinking of this speech disorder as a prototype for a large group of disorders to which the same pathologic formation of dysautomatization pertains, especially some disorders of perception, thinking and learning.

Trauma and traumatic anxiety together can be described. It is a situation and state of being and feeling passively overwhelmed by stimuli from "without", i.e., from the two foreign territories, the external world and the inner unconscious world, both inundating or threatening to inundate the ego which experiences a feeling of dissolution or nearness to death. Part of the feeling of helplessness and passivity is due to the libidinal masochistic ties to the feared object. The painfulness of the state is due to accumulated and undischarged instinctual tensions. The anxiety is due to cathectic charges within the ego in the nature of a defusion, whereby the libidinal energies become concentrated inwardly and the aggressive energies gravitate to the ego boundaries at the points of contact with the external world and the inner unconscious world. As a result of this drive splitting, the libidinal energies function passively while the aggressive energies function actively. This change is understandable and in line with the clinical observation that the defensive reaction to trauma is the shift to the active modality. An example is the defence reaction of identification with the aggressor.

In many life situations, especially those of new learning or danger, a thrust toward activity in attention, perception and performance may be highly desirable if not essential. This is not so, of course, when automatic processes like speech are involved which include complex muscular interactions. Here automatic action with minimal cathexis is far more efficient; the added activity in the form of conscious attention to the muscular behaviour markedly reduces the efficiency, in this case the automatic fluency of speech. In the functional regression to the pre-traumatic state—i.e., the earlier learning phase, both conscious imitative speech elements as well as, to a lesser degree, the still earlier unconscious or id lalling speech elements re-emerge. Together they do not totally replace the preconscious functioning with its characteristic fluency and feeling of confidence in its automaticity, but they burden the performance and—what is even more damaging—they seriously impair the feeling of self-confidence.

The greater activity and cathexis constitute the defensive reaction to the trauma. The speech behaviour here is spastic. The aim is to approach the object again; it is counterphobic. But the symptom also contains expressions whose aim is flight, a phobic reaction. The speech behaviour here shows evidence of decathexis—on the mental side momentary amnesias, and on the physical side, ineffectual iterations. The speech flow is not effectively propelled.

Two remote and major consequences result from this pathologic distortion of the ego automatism of speech when it becomes chronic. One is that the (global) conception of verbalization in all that it encompasses is altered; the other is a significant deviation of the personality. The two are interrelated and will be treated in close order.

The speech function involves an addressor, an addressee, an act or a product, verbalization, and an aim, communication. As is well known, when the speech function is fully developed, each one of these elements is predominantly under the control of the secondary process. That is, while the primordial drive energies cathect the function, they do so in a state of dialectic fusion and are oriented realistically. The function itself becomes freed of id attributes; it becomes autonomous. Like a good mirror, it conveys the message with a minimal intrusion of itself. Magical concepts of self and object; hallucinatory percepts of sounds, instinctualized qualities of phonation and articulation stemming from early phases of

ego and drive development have been outlived or adequately repressed. Trauma, on the other hand, affects each one of these component elements, partly through regression and partly through new pathological formations.

As was already mentioned with respect to the drives, splitting is a major consequence and characteristic. The addressor, the self, is split into two self-representations. The one representation, that of a stutterer, is regarded as damaged, not merely partially but in a total sense, and not merely functionally but more or less organically as well. The other, the compensatory self, more deeply repressed, is that of a great Demosthenes-like orator. It is as if the pluses and minuses of the function, and now the total personality identified with it, have been split asunder, defused and polarized. The first is a denigrated image cathected by aggressive energy. It must not be exposed, but it is revealed by projection onto the addressee. He is feared as one who is aggressive and aims to humiliate the addressor. The second image is an idealized and libidinized one which craves adulation, to be noticed, to be applauded.

The addressee is conceived as the ideal self—complete, "whole cloth". The attitudes toward him include envy, hostility, fear, a wish to humiliate and reverse the roles. But the addressor also has reactive attitudes of guilt and masochistic submission. The speech function, now experienced as a symptom, becomes involved in conveying this multitude of attitudes and affects. It comes to serve exhibitionistic and perfectionistic aims simultaneously with masochistic, placating aims. The symptom furthermore being a vehicle in object relations, becomes a fixed reservoir of energy or raw material, which lends itself as a vehicle for expression of other complexes, such as the classical neurotic pre-oedipal and oedipal castration, and conflicts from practically all the instinctual levels. It must be emphasized, however, that these are later secondary and tertiary accretions. The total speech disorder is more than a neurotic conflict over the content of the message. Its taproot is an altered function of an automatic instrument with a subsequent altered concept of the act of verbalization and its participants. This alteration began in an early cumulative series of traumatic events involving self-differentiation at a time when speech was evolving from its archaic meanings.

One other attribute attesting to the archaic foundation of the symptom has been suggested

before. It is the paranoid attitude toward non-stutterers. Its quality resembles that described by Hirschmann as pseudo-paranoid, wherein the alloplastic elements are lacking and only the autoplasic character is prominent. The lack of self-differentiation accounts for this paranoid feature which brings stuttering close to the phenomenon of magic gestures in which non-verbal communication contains references to both addressor and addressee. Another similarly archaic phenomenon is Winnicott's concept of a transitional object (1953) in the sense of a creative expression which unites in itself both subject and object.

Perhaps it would be useful for this and other examples of disturbed ego automatisms to dispense with the term symptom, however useful it may be descriptively, for it does not meet the rigorous definition of the classical neurotic symptom as an attempted compromise between instinct and defence. As a matter of fact, an early nosological classification in child psychiatry referred to stuttering as a "trait" rather than a symptom, probably suggesting a not quite fully developed pathologic entity.

When I think of resemblances to disturbed ego automatisms there comes to my mind the *actual neurosis*. This is another archaic disturbance, traumatic-phobic in nature, involving an alteration in physical functioning, due, I believe, to an alteration in cathexis, and resembling an intoxication, and finally serving as the base or nucleus for the fully developed neurosis with which it merges.

The distortion of the product, verbalization, and its aim, communication, can be described jointly. We can sense here the affects engendered during the initial traumatic interruptions in the learning experience. The interruption was sensed preconsciously as a separation and as a danger. Reactive hostility of the anal and oral modalities was liberated but repressed, and was experienced as anxiety within a social situation geared to communication. The unconscious hostility was merged with the stream of verbalization, both pushing for expression and relief of tension. There took place a condensation of speech and anal aggression with the aim of expression and separation (flight) and/or oral aggression. Thus the product, verbalization, was loaded by extra cathexis: unconscious hostility pressing for expression plus conscious anxiety. The latter in turn, led to flight or decaathexis. The aggression-loaded product was propelled toward the addressee as a forceful flow and approach,

and away from the addressee as a withdrawal, or as a flow too weak to maintain itself. From now on the climate of any speech and social situation begins to be perceived as aggressivized, as was the verbalized message. The speech organ and function itself is unconsciously regarded as damaged.

These consequences of trauma are accompanied by libidinization of the injured function. There is first a mobilization of narcissistic libido cathecting the function (compensatory over-evaluation); later on there emerge passive wishes for further investment with libido from objects, the so-called Demosthenes image of the speech and the compulsive need for exhibiting it. In addition, because both these aspects are associated with anxiety, there ensues a defensive increase of conscious attention. This plus the burden of increased preconscious cathexis turns the automatism into a state of *dysautomatization*.

In these patients the speech symptom is the most dramatic one but this is not a mono-symptomatic disorder. There are also less dramatic disturbances in other automatisms of muscular coordination and mental functioning—a general tendency to hesitation, blocking and dysrhythmia. In time the stutter and these other manifestations come to serve, as mentioned before, in the manner of the *actual neurotic* core of a neurosis, as the nucleus of an overlaying, more or less *specific characterology*. I will refer to the latter and its rather unique relation to the symptom after I deal with some additional functions affected by dysautomatization.

I have presented a composite of the main elements in the dysautomatization syndrome, some of its principal genetic elements, and a few characterological sequelae. Some illustrative clinical examples will clarify the picture. A young woman of 26 who stuttered showed many evidences of the trauma of separation. Throughout the life of the patient, her mother was partially invalidated by various physical complaints based on an underlying mental illness. The patient was impressed that beneath the façade of pleasure in mothering, her mother was burdened by the responsibility. The stutter began shortly after her mother collapsed into helpless inactivity during a vacation trip and was to be hospitalized. The symptom was aggravated on all occasions of change denoting separation, like moving to a new house, a new school, or any trip. Her life was filled with obsessive repetitions of the memory of her mother's breakdown, of anticipations of her own death, of the death of

the parents and of her sister. Traumatic memories possessed a heightened degree of clarity; the same was true of her consciousness of self in almost all of its aspects and the most varied circumstances. The feeling was associated with ideas of separateness, unattractiveness, and inability to cope with almost all the details of daily living to the point of wondering how she could get through the day "in one piece"—all this despite steady, productive, intellectual activity of a high order. She was surprised at, and did not believe the praise she received for her work as a teacher of advanced studies. The great effort she put out, and her actual misconception of, and accentuated feeling of the difficulty of most of her tasks, was due to her mistrust of her automatic functions including her memory. Instead, she leaned on over-alert conscious perceptions, especially self-perceptions. Her sense of ego weakness was composed of her lack of confidence in her preconscious functioning and its decathexis in favour of conscious hypercathexis, in itself a less economic and obviously more fatiguing modality. Her sharply focussed attention to whatever she attempted to do, i.e., her trying to live through an exaggerated dependence on her conscious ego functions was best portrayed in her sleep and sexual functions. She had difficulty in falling asleep, slept lightly and was easily wakened; hence was inadequately refreshed on waking. Obviously, she could not allow herself easily to decathect her great reliance, her conscious ego. Similarly, while she enjoyed intercourse she could not allow herself to reach orgasm, another expression of relinquishment of conscious ego control, in favour of what is more like a preconscious automatism. Her associations to this difficulty revealed the related phenomenon of fear of separation following orgasm and the wish to prolong indefinitely the sense of symbolic (i.e. maternal transference) closeness derived from the coital act.

This patient also suffered from anorexia nervosa. A major determinant of this symptom was the tense and anxious moments at meal-times in her childhood, her mother overburdened and her father overcritical and examining the food as if it were poison. These experiences aggravated the separation anxiety with a heightened sense of oral aggression. Eating became an unpleasant, laborious act. The resultant suppression of hunger was probably due either to a suppression of the gastric musculo-secretory activities which determine hunger or to

repression of awareness of them. What this symptom had in common with the others is the disturbance in the rhythm of a somato-psychic automatism conditioned by a traumatizing milieu, even though the function involved a viscus of non-striated muscle, and the disturbance in the automatism was expressed physically as an inhibition.

So far I have stressed the function of speech as it is affected by dysautomatization together with a group of other functions, such as locomotion and respiration, in which the component of muscular activity is prominent. The activity affected most commonly is the fluency of articulation in the form of iteration, prolongation, blocking. Sound production, or phonation, as such, is seldom or only secondarily influenced, and is then not grossly noticeable. However, *vocalized* articulated speech is only the final link in a chain of elements constituting the act of verbalization. Immediately antecedent to verbalization is inner, silent speech that flows imperceptibly out of the complex process of thinking. We know that the important operational links of perception, memory and recall, monitoring and feedback, to mention only some of them, function predominantly pre-consciously.

There is evidence too that the pre-verbalization phases of the stuttering patient are not infrequently affected by a similar flight of preconscious cathexis as in the case of the speech function. I have observed fleeting amnesias in the substance of the thinking process as distinct from blocks or verbal elements held firmly in the conscious mind. Others have reported lapses in the auditory feedback of the verbalization. Contractions in the size of the mental image of self and object with associated distortion of the sense of distance reported to me are, on the other hand, manifestations of cathectic change in the total setting of communications involving the addressor and addressee. What all these phenomena have in common is a quality, the experience of a feeling of depersonalization or derealization. This is explicable as a flight of the normal cathexis of the particular part-function, with a resultant libidinal decathexis, and the emergence of an altered cathectic distribution containing a large quantity of free floating aggression. Both the flight of the normal cathexis and the advent of the altered state account for the disorganized functioning and the feeling of strangeness or depersonalization.

Incidentally, though this subject deserves

separate and fuller treatment, I cannot refrain from stating here a long-held conviction that depersonalization is the core symptom of the actual neurosis. All the actual neuroses I have observed contain a disturbance of function of automatic rhythm, a change of quality of cathexis and depersonalization. The depersonalized feeling and behaviour are in my view similar or analogous to an intoxication. They are not a true intoxication but an alteration of cathexis. Most analysts think that Freud believed that the actual neurosis results from some chemical change in the sexual hormones whereas in fact he equivocated on this matter. In some passages he did state that the actual neurosis represents a chemical alteration; in others, that the behaviour *resembles* an intoxication, for example, thyrotoxicosis. I incline toward the second possibility. A recent survey by a neurologist examining a group of men suspected of driving in a state of alcoholic intoxication showing some muscular incoordination revealed a substantial number of neurologic and other metabolic disturbances which have a superficial resemblance to alcoholic intoxication but were not due to it. Emotional disturbances were not listed and were probably not looked for.

Bonnard (1962), writing on impediments of speech, focussed on what she called the dys-synergic muscular mechanisms with special reference to the tongue. She described the defence reaction to trauma as "undoing", "oppositionalism" and defensive mimicry of the aggressor by means of tic-like tongue movements which she regards as a form of true conversion which thereafter merges with an innate, non-visual, subliminal order of lingual cathexis. It seems to me that a merging of such disparate muscular rhythm patterns pointing in opposite directions can account for the postulated dys-synergy. This view appears to approximate my own view on dysautomatization, though formulated in somewhat different terms. However, it is noteworthy that several discussants, associating some of their own experiences to Bonnard's, stressed the aspect of depersonalization.

Gitelson, in the same discussion (Bonnard, 1962), impressed by the clinical examples in the use of the tongue as an "alter-ego", was reminded of a patient who sometimes regarded his tongue as foreign to the ego. Since sensation and affects relating to the tongue were dissociated or isolated, what seemed to be operating

could be called depersonalization in respect of the tongue. Perhaps the term "motoric depersonalization" aptly describes some of the phenomena observed in Bonnard's patients.

Kohut's comment was almost identical with my formulation. He concluded that the tongue of a 3½-year-old boy with a temporary stammer was "estranged from the child's ego"—i.e., depersonalized. His lucid description of the ego split I referred to above warrants citation. He observed the boy indirectly through the analysis of his father. This patient's personality was blurred and he often reacted to his own perverse transgressions by becoming harshly critical toward his son. Kohut speculated that such criticism (which is not related to the child's impulses but is due to the child's inclusion into the narcissistic system of the educator) cannot become part of the child's superego; instead, there is fixation on a more primitive phase of drive control through a narcissistically experienced "object". No object-directed rebellion against the father (or against the superego) is possible. The tongue becomes the battleground of pre-verbal rage, in the service of a rebellion that has no differentiated object, and is thus estranged from the child's ego. The success of Bonnard's therapeutic efforts may be partly due to the fact that her attention to the child's tongue movements helps him to establish ownership and mastery of this organ.

At this point it may be well to discuss how to place or orient this disorder of dysautomatization in the general scheme of psychopathologic formation. What I will state refers mainly to the disorders of speech whose prototype is stuttering. I feel less certain about how to place the group of learning disorders based on deviations of perception and memory. These intellectual difficulties begin to be noticed at a later age than the speech symptoms; but the actual beginnings of the speech symptoms could be traced to an earlier age. I have classified these speech disorders along the line of the developmental phases of the ego, before verbalization has fully developed as a realistic modality, and before self-differentiation has been completed. It is a functional deviation resulting from a fixation (before the learning phase has been completed), on a trauma and/or the defence against it.

Kohut states that "estrangement (of the tongue) from the child's ego" . . . represents a "fixation on a more primitive phase of drive control through a narcissistically experienced "object". It was Gronner's (Bonnard, 1952)

impression that "a pathological defence mechanism similar to, yet distinct from introjection, in the sense of being archaic" was operative in Bonnard's cases.

It remains now to deal with the remote results of the trauma on (i) the further development of the "symptom", and on (ii) the further development of the character of the patient. Regarding the first, the quotation marks about the term "symptom" are intended to point up the differences between this type of psychopathologic formation and the classical psychoneurotic symptom. Clinically, the stutter as a prototype starts some time after speech has already been established—about the third or fourth year. A peak time is the fifth or sixth year—corresponding to the more advanced stages of the speech development, also corresponding with the time of beginning of school as well as the height of the oedipal phase. At this time the stutter constitutes one of the most spontaneously resolvable of all symptoms. However, when it is not resolved at this time spontaneously or therapeutically, it continues to develop, and become rooted as speech, and with characterologic concomitants right on through the latency period and adolescence. The psychoneurotic symptom, with the exception of some compulsive symptoms, does not usually energe during latency but is delayed until adolescence. Again, unlike the psychoneurotic symptom, and in contrast to the relatively easy and frequent resolution shortly after onset, the stutter of the adult is among the most refractory of symptoms.

Classical psychoanalysis may lessen the severity of the stuttering syndrome, but seldom, if ever, effects a complete resolution. The syndrome operates on two levels which are not confluent but isolated. Much in the character structure insofar as it is of the neurotic type, can be influenced by psychoanalysis. To the extent that the symptom reflects that type of character, it is resolved with the latter. However, to the extent that the symptom is related to the nuclear fixation on the original trauma and its defence—a fixation which is isolated from the neurotic character structure and apparently cannot be dealt with by the classical analytic technique—it remains uninfluenced.

A major difficulty in dealing with the stutter is that it is a disturbance of an automatism serving an important adaptation. Because of this, even though the general increased consciousness and attention cathexes plus some id elements

burden the functioning, the stutter itself partakes in the adaptative functioning and becomes secondarily libidinized and automatized. It becomes ego syntonic. Thus the patient is not always fully conscious of it and he offers resistance to the therapist's efforts to make it conscious to him. He does not complain of it. To make the stutter ego-dystonic by analysing its analogues in other areas, the purpose it serves, and at what price, to make again conscious his adaptation which has become automatized, requires a degree of focussing on the symptom and a degree of activity customarily not regarded as proper analytic technique. The tenacity of the symptom and its use or adaptation also stem from the fixed idea of the damaged self image, and hatred of it, both of which are projected outwardly. The tenacity of those fixed ideas often approximates the tenacity of delusions.

It is no wonder that at this point of *impasse* in treatment it is a common practice among analysts to send the "intractable patient" to a speech therapist because the stutter is "now a habit". The speech therapist does not work with the ambivalences; and he is sometimes more successful, especially if the patient does not come in order to prove his "intractability" to his family and therapist. Occasionally the patient comes to me at this point. I found that the stutter *per se* cannot be touched before much energy has been spent on working through the ambivalence and the resistance. When the patient reaches a plateau of predominant positive transference, it is then possible to work through the "gains" as well as the price he pays characterologically (i.e., analogically and away from the symptom) for these "gains". This work is essential for the motivation in therapy. Some of the rock-bottom phenomena here, such as the idea of a damaged organ and organism, and the most welcome use of the symptom as an "indispensable" crutch, have attained psychotic-like tenacity. To relinquish this—his own highly cathected, uniquely functioning maladaptation and to cathect a "foreign" adaptation, fluent speech—amounts to a new learning situation. To the extent that it can approximate or simulate the original, normal speech-learning situation, a consistent unambivalent milieu, a recathexis of an unwatched, preconscious automatism can evolve and take the place of the pathological one. The process brings to mind that of an organ transplant, even though these patients have experienced an early period as well as intercurrent periods of fluent speech. When it

is attained it is a triumph of the establishment of a consistent positive identification over a tenacious ambivalent one that dominated the self for many years.

We come now to the last point, the character structure which constitutes the organization of the distant sequelae of the dysautomatization. This large subject can be dealt with here only in outline form. The severity of deviation depends on quantitative factors and the duration. Perhaps those factors account for the different experiences and different conceptual emphases of different authors.

In the symptom I have stressed the consciousness of damage felt by the patient in regard to his speech function and the resultant increased watchfulness and control of it. These reactions, enlarged and elaborated, are reflected within the personality as heightened total self-consciousness and constitute its central fixation. In the course of development other conflicts, including the classical neurotic ones, are attracted to this fixation. Disguising their identity, they express themselves through the speech symptom. The disorder thus becomes overdetermined and is frequently experienced as a monosymptomatic one. The subjective self-image is usually one of a part-object and is regarded with shame. The attitude toward objects is passive and aggressive, with a feeling of being persecuted, in the sense of being ridiculed, by these supposedly complete individuals. The true self and its potentials are prevented from experiencing and reacting to life spontaneously because it is blocked by the constant interactions between the false self-image and its compensations and the false image of objects. Speech and social situations become perverted into instruments of and settings for aggression and appeasement. Due to ambivalence and oscillation between flight and approach, hesitation in action is marked in the character as disturbed fluency is in the symptom. These individuals frequently show other dysfluencies in writing, playing the piano, walking, and driving. Parallel disturbances in the partial automatisms of mental functioning are reflected in transient amnesias and perceptive deficiencies.

I wish now to mention a few excerpts from the literature referring to stuttering *per se* or linked as part of a group of similar disorders. I find the similarities and contrasts with my views instructive. As a point of departure, I will recapitulate my view that stuttering, *per se*, (and as prototype?) is a two-fold disorder. It is first a symptom in the sense of a fixation or a

traumatic disturbance of the rhythm of a psychosomatic automatism, as well as a fixation on the defence which also contributes to the rhythm disturbance, both during the advanced learning phase of the function. Secondly, later conflicts of the classical neuroses make use of this fixation in the automatism. This fixation determines a special type of superimposed character disorder which in general reflects the structure of the symptom. The symptom and in part the character cannot be explicated in the terms of the classical neurotic symptom. Rather it can be in special terms—that of a trauma affecting an automatism producing a fixation on it and on its defence.

Bonnard (1962) states that she

found the ego development of children with speech impediments to be normal or even greater than normal in strength and precocity.

This is most likely the group I mentioned above which have a large percentage of spontaneous resolution. She adds that

while their disability tends to debar them from attaining their potential stations in life, they are usually worthwhile personalities as is shown in situations requiring courage or tenacity of purpose.

While I would not question their worthwhileness as personalities, in my experience what debars them from attaining their potential stations in life is not their symptomatic disability *per se* but the associated character structure.

Dosuzkov (1965) of Prague regards stuttering as belonging to what he calls the fourth transference neurosis, a clinical entity which he terms skoptophobia:

The main symptom of skoptophobia is fear of public exposure and disgrace, a belittling associated with convictions of physical or mental inferiority. The syndrome of skoptophobia has the following characteristics: the fear of public exposure or disgrace, inferiority feelings; pathoaidia (sense of shame of one's own disorder); ideas about relationships which lead to fear of objects and which can culminate in ostracism, and manifestations of pathological shyness. An extraordinarily strong sense of shame is a characteristic sign of this neurosis as anxiety is the main feature of anxiety-hysteria, and compulsion of compulsion neurosis. This sense of shame is at the base of skoptophobia and thereby distinguishes it from hysterical phobias based on anxiety, as well as from compulsion neuroses based on unconscious aggression.

BOOK REVIEWS

The Id and the Regulatory Principles of Mental Functioning. By Max Schur. (New York: Int. Univ. Press, 1966; London: Hogarth, 1967. Pp. 220. \$5.00. 42s.)

In selecting this work as the fourth in their monograph series, the Editors of the *Journal of the American Psychoanalytic Association* have stressed once again the high standards that they are setting for future contributions to this distinguished collection. Max Schur is at his best in this carefully wrought critique in which he functions as both renovator and innovator.

Students of Freud's theories were greatly enlightened and stimulated to investigate creatively some of the more intricate details of both psychopathology and normal mental functioning by the development of the structural hypothesis. For a time the workshops of psychoanalysis were too busy employing the new tools to notice that some of them required more careful honing while others needed redesigning to do the job for which they had been created.

Of Freud's basic concepts few have gone unquestioned even by some of his most devoted followers. Most, however have withstood the test of time both with regard to their internal theoretical consistency and to their usefulness as guides to handling technical problems in treatment. The concept of the id has been perhaps the most consistently misused, misunderstood, and criticized of Freud's postulates. Some have contended that the theory lends itself to misuse and that the problem does not lie completely with those who misinterpret Freud's intentions.

What is impressive in Schur's monograph is the manner in which it attempts to reconcile certain ambiguities and contradictions in Freud's varied formulations of the concept id. The way in which some of the "regulatory principles" assigned to the id are reformulated is also highly instructive. The end result is to bring the concept of the id into greater consonance with modern biology.

The monograph is divided into two almost autonomous parts. In the first part the development of the concept of the id in Freud's work, the ambiguities inherent in its general formula-

tion, as well as the ambiguities in the maturational, economic and dynamic formulations derived from the primary hypothesis, are discussed. The second part, "The Regulatory Principles of Mental Functioning", deals mainly with the pleasure and unpleasure principles, "beyond the pleasure principle" and repetition compulsion.

The main ambiguity in the concept of the id arises (as others have also suggested) from the attempt to conceptualize the id as unstructured chaos defined only by its energies and their modes of discharge and simultaneously as a structure which implicitly contains primitive perceptions and memory traces for which a certain degree of structural organization is necessary. Schur unequivocally favours a structural interpretation of Freud's implicitly conflicting formulations. He says:

I propose that this transition from functioning on the level of a reflex apparatus to that of a wish, represents the developmental model for the transition from 'somatic needs' to instinctual drives as mental representations of stimuli arising within the soma and for the development of the structure id from the undifferentiated phase.

For Schur all psychic structure is part of a developmental continuum. He says:

Nothing prevents us from assuming that what we call the id also uses . . . innate apparatuses in its development [as in the case of the ego].

This formulation for which the author adduces biological, clinical and theoretical evidence clears the way for a re-examination of the pleasure-unpleasure principle and the repetition compulsion. The latter is the most unassimilated aspect of the concept of the id, i.e. that part which derives from Freud's ideas on the "death instinct".

I found the second part of the monograph even more edifying than the first. Although some of Schur's exceptions to Freud's theoretical formulations are not new, the originality of their presentation is extremely stimulating. For example he makes a particularly felicitous suggestion in his discussion of the "pleasure-

unpleasure principle". There are good grounds both clinically and biologically, he asserts, for separating the "pleasure-principle" into two principles, a "pleasure principle" and an "unpleasure principle". Schur points out that "approach" and "withdrawal" responses are fundamental organismic reactions to different intensities and/or qualities of external stimuli. It is likely that as these two adaptive responses are internalized they become the bases for the regulation of the instinctual drives. This modification of the familiar formulation makes for a more coherent link between the concept id and its biological substrate. It also explains more consistently certain aspects of early psychic development where the strivings to re-establish perceptual identity with need-satisfying sources of stimulation and to erect barriers against excessive stimulation, go on side by side. This ingenious suggestion may not be altogether new but its unifying and explanatory power are unusually well presented. I should also remark in this connection that Schur makes an important distinction between pleasure and unpleasure as experiential phenomena and the "pleasure principle" or "unpleasure principle" as regulatory processes.

Another example of brilliant exegesis and, to my mind, the major contribution of this monograph, is in Schur's discussion and reformulation of the "repetition compulsion". He asserts that there are no biological data which would support the postulate of a death instinct. The existence of those hereditary (or instinctual) behaviour patterns which result in the extinction of a species can be explained more economically by the disparate rate of ecological and evolutionary change. A previously adaptive species-specific pattern becomes maladaptive with new conditions. Here, as in other aspects of the discussion, it is Schur's insistence on the methodological rule of parsimony that makes his argument so difficult to refute. He goes on to demonstrate that the "repetition compulsion" and the "death instinct" are mutually interdependent propositions in Freud's development of his thesis on what lies "beyond the pleasure principle". Schur readily agrees to the clinical importance of the observations on the "compulsion to repeat" and the usefulness of that concept for explaining certain regressive phenomena. He suggests however that all the repetitive psychological phenomena that we deal with clinically can just as well be explained within the framework of the pleasure and unpleasure

principles. To avoid the ambiguity of the term "repetition compulsion", Schur suggests that the term be replaced by "compulsive (stereotyped) repetitiveness". This term he feels would contain all the familiar patterns of repetition in such conditions as the "fate" and "traumatic" neuroses without the adverse implications of the unbiological "death instinct".

There is one methodological question which I do not think that the author has confronted as assiduously as he has other issues. This is the objection frequently raised by critics of the concept of the id, who assert that the term becomes redundant if one conceives all structure as part of a continuum (incidentally the same problem exists for the concept of the superego). I believe that there is an answer to this objection and that it is to be found in the discontinuities that occur in the attributes of some entities which are continuous in regard to other characteristics. Although the id and ego may arise from the same innate apparatuses, they may still become sharply separated systems by virtue of the manner in which their elements are organized. The Hegelian concept of nodal qualitative change emerging from quantitative increments, may be applicable to this problem, but the subject is philosophically abstruse and requires more consideration than is available within the limits of a review.

One must congratulate Schur for his ability to retain his demands for rigorous conceptual precision and consistency even from Freud, his esteemed friend and teacher, for whom he has so often expressed his admiration, affection, and intellectual indebtedness. By this work of pruning, reconciling, and elaborating, Schur has accomplished at least two important ends. He has clarified and sharpened the concept of the id so that it can be more readily integrated into the rest of the structural theory; and he has restored its links with modern biology in a manner that would, I am sure, have evoked Freud's appreciation.

Victor H. Rosen

Hysteria: The History of a Disease. By Ilza Veith. (Chicago and London: Univ. of Chicago Press, 1965. Pp. 301. \$7.95.)

This historical work that reaches back in time to the year 2000 B.C. is a very timely book. For hysteria, a disease which takes on the colour of

the surrounding culture, demands a particular study in a civilization as changing as ours of the last 50 years. Hysteria has been the most frequent neurotic disorder in the last four thousand years, and yet it sometimes seems as if it had disappeared in the present stage of western mankind. But has it really disappeared, or has it only changed its looks and has become unrecognizable?

Ilza Veith, a professor of the history of medicine at the University of California, has written a highly readable and stimulating book. It is of particular value and of special interest for the psychoanalyst, because the study of hysteria, as it expressed itself during a certain cultural stage of western civilisation, led to the birth of psychoanalysis as treatment and as a science.

The author traces the illness through its different symptoms and manifestations from ancient Egypt, through Greece, Rome, the Far East, and Europe in the Middle Ages to the Victorian era and Freud's time. It is not an easy task to describe or define the common feature in the variety of pictures presented in the volume. But although occasionally it may be doubtful whether one deals with a hysterical or schizophrenic disease, in general the diagnosis of hysteria is convincing whether the author describes a devil-possessed "witch" of the sixteenth or a delicate and fragile lady of the nineteenth century. As the most common element of the illness appears the suggestibility of the patient, which accounts for the fact that the symptoms depend so much on the surrounding culture. Thus the physicians came in the course of time inevitably to change their concepts of the disease, being influenced not only by the state of their general knowledge but also by the changing pictures offered by the patients.

As early as in ancient Egypt, Veith writes, the uterus was assumed to be the cause of the disturbance, a concept later accepted by the Greeks who gave it its name. The disorders were attributed to dislocations of the womb, sometimes even to its "starvation". Most authors saw hysteria only as a disease of the female sex, but there were others who found it also in males and abstinence was accused of being the cause. Galen attributed it to "seminal retention". Towards the end of antiquity the attempts of scientific understanding declined and belief in supernatural powers that caused diseases prevailed. Veith reviews the influence

that the towering figure of Augustine had on the development of medicine. The changing intellectual climate also altered the attitude towards the hysteric and:

... changed him from a sick human being beset with emotional needs and physical distress into someone more or less wilfully possessed, bewitched, in league with the devil, and even heretical.

It is of interest to see that in Augustine's words "there are no diseases that do not arise from witchery and hence from the mind", a concept that is not so entirely different from some extreme ideas about psychosomatic illnesses today. In the course of this development, hysteria ceased to be a disease, and it was not the physicians but the Church and the Inquisition which took the poor victims into their arms.

Veith leads us from the Dark Ages through the revival of medicine in the Renaissance with its renewed attempts to understand hysteria scientifically. The uterine aetiology was abandoned and the brain became the seat of the illness. Sydenham found hysteria the most common of diseases and included it among the afflictions of the mind (1681). An Italian physician, Baglivi, published (in 1696) a work in which he continued Sydenham's studies, concluded that hysteria was caused by passions of the mind, and emphasized the power that the physician's words can have on the patient's life. He is only one of a number of gifted men whose contributions are reported by Veith. Of particular interest is an English physician, Robert Carter, who in 1853, at the age of 25, published a book, *On the Pathology and Treatment of Hysteria*, in which

he implicated three main factors in the etiology of hysteria: the temperament of the individual, the event or situations which trigger the initial attack, and the degree to which the affected person is compelled to conceal or "repress" the exciting causes. "Sexual passion" ... is far the most frequent and important of all immediate etiological agents.

Mesmer's ideas about "animal magnetism" at first made him famous throughout Europe and were embraced by many, although they were soon violently rejected. They influenced Braid's explorations of hypnotism and contributed to the development of Charcot's ideas. The very nature of the suggestibility of the hysterical patient led to Charcot's mistakes, as the patients,

possibly influenced by his assistants, learned to adapt their symptoms to his concepts. In relation to Janet's work, Veith thinks that more recognition should be given to his achievements in the understanding of hysteria than is generally done. She terminates her work with Breuer's and Freud's *Studies on Hysteria*, which meant a rediscovery of the significance of sexuality in this affliction and led at the same time to a new understanding of the unconscious origins of neurotic pathology in general.

After this voyage through the history of hysteria and the presentation of its ever-changing manifestations, we should not be astounded that its picture has been changing so considerably even in our life-time. The environment has a decisive influence on its manifestations, and there is no doubt that the climate in which a child grows up today, is greatly different from the time when the *Studies on Hysteria* were written. There may have been a certain reluctance among analysts to realize and pay attention to how much has changed in the picture our patients present to us, because this demands rethinking the problem of hysteria, the original basis of psychoanalysis. Among the younger generation there is even a doubtful attitude whether the cases described by Freud and others are really hysterics; many are inclined to diagnose them as schizophrenics, although they do not resemble the present-day schizophrenics either. This generation does not see such hysterical phenomena any more and finds it difficult to believe that hysteria could express itself in such irrational ways. But the development has rather confirmed Freud's concept of hysteria, of which the core was repression of sexuality in the oedipal sphere. Society's attitude towards sexuality, masturbation, etc. has changed, the parents express the altered attitude in relation to the growing child; even the roles of the parents inside the family are not the same any more. In adolescence the child is confronted with knowledge and verbalization of his problems—typical hysterical problems would today betray the underlying drives and not conceal them as in former days. Only as long as they were not understood and safely protected in the unconscious, could the conspicuous hysterical manifestations flower, a development which has confirmed a basic psychoanalytical concept. The present cultural climate, particularly in adolescence, leads not so much to repression of the id but of the superego. The main problem

for the analyst is the fact that this development has not led to an improvement in the mental health of the generation which has grown up in this altered climate but rather to a change in pathology, to much more complex pictures and a new challenge for our diagnostic judgment and successful treatment.

Henry Lowenfeld

Intensive Family Therapy. Edited by Ivan Boszormenyi-Nagy and James L. Framo (New York: Harper and Row, 1965. Pp. 507).

Nietzsche wrote, "A thinking man must not have a good memory." His advice is applicable to a psychoanalyst who seeks to understand an approach to psychology which is not based on the observation of a single individual. If one can at least temporarily forget his usual frame of reference, the book, *Intensive Family Therapy*, offers not only a detailed description of a new observational technique but also a theoretical approach to the phenomenology of interpersonal transactions which Nagy has developed from a correlation of psychoanalytic writings with existentialist philosophers, and especially Buber. This book contains contributions by fifteen authors which were written for this publication, and the experiences of the Family Therapy Project at Eastern Pennsylvania Psychiatric Institute are dealt with most thoroughly.

An opening chapter by Zuk and Rubenstein, which reviews the concepts in the study and treatment of families of schizophrenics, and a chapter in which Framo describes the current status of systematic research on family dynamics present a comprehensive review of the literature up to the time of publication. The degree of sophistication of the observers of family interaction varies from a naive oversimplification in some workers to a cautious withholding of final judgments in others. Many descriptions of family interactions that are said to result in schizophrenia would also apply to families in which psychosis is not found. The core concept in family psychotherapy is that mental illness in an individual is an aspect of a greater interlocking family pathology. In the studies which are reviewed in the first chapter, it is shown that emphasis has shifted away from the concept of a pathogenic parent to the pathogenic family

relationship, and family therapy has demonstrated the effect of disturbed marital relationship and even a disturbance in the parents' family of origin upon the prime patient. Zuk and Rubenstein wisely conclude that further study is preferable to premature closure of the theory and practice of family therapy.

In the chapter, "Relationships, Experience, and Transaction", Nagy presents the transactional point of view of a social relationship which regards it as a functional system rather than only a sum of the psychology of individual persons. He describes and diagrams the Self-Not-Self situations and compares them to the psychoanalytic models of ego psychology. Nagy believes that the transactional approach is more suitable for the study of a system such as the family. This is not to deny the phenomena of individual ego development which result in the formation of the Self in Nagy's schema. However, although many psychoanalytic writers are cited, Jacobson and Brody are notably absent among others, and there is generally a lack of awareness that recent psychoanalytic studies on early development have been very concerned with the relationship between mother and child and the problems of individuation of the child. For readers without psychoanalytic training, the phenomenologic approach which Nagy offers for the study of transactions within the family can be especially useful.

It is difficult to summarize Nagy's chapter on the theory of relationships because it is such a rich condensation of the phenomenology of interpersonal psychology. Although he is fully aware of individual psychopathology, he asserts that the question of family health and illness has to be separated from considerations of individual members' health. The pathology of a system is more than the pathology of individual members.

Nagy contrasts functional and ontic relatedness. In functional relatedness, the partner can be exchanged for another without a feeling of loss providing the new partner performs the function as well as the previous one. Ontic relatedness makes the Other an integral part of one's Self irrespective of any interaction between them. Nagy believes that the ontic relatedness which is established between family members is responsible for the persistence of family transactional patterns.

The dialectical principle describes a dynamic force which determines the choice of relational objects. Individuation is a dialectical process, and Nagy believes that it is a prerequisite of the

pleasure principle. The experience of the Self as a symbolic unit depends on the selective availability of the Not-Self, and the two form a ground-figure gestalt. The assumption that a person as Self depends on a set of Not-Self referents implies that he has to be a Not-Self for others. This leads to the consideration of relational modes of Subject and Object. Each person is simultaneously Subject and Object and also carries within himself the symbolic internal object with whom he related as Object. The need of the Subject is called a "template." In the operation termed "merger," two subjects act together as a combined Subject with an Other as the Object. In the "Dialogue" which comprises mature relationships, each is Subject and Object to the Other. The trusted relational partner offers a context or ground for delineation of the Self both as subject and object. Within the family, any transaction can be perceived in terms of the subject-object relationships in addition to the understanding of the individual motivations. In family pathology there may be dyadic projections, subjective mergers which scapegoat an object, and a child as object may be at the whim of his parent's needs rather than being free to react to his own individual motivations. At its extreme, the system does not permit individual choice of any of its members. The concept of being unable to escape the field is designated by the term "captivity of object-role assignment." The entire family may interact with the therapist as a "Merged Subject" or a "Fused Object". The family may be guided by a collective pleasure principle and share a psychic economic gain. Two transactional patterns of special importance within the family are the "assignment of Goodness and Badness," and the restoration of the adult-child differential by the regression of the adult. There may be a reversal of the parent-child roles as the child is made the object of the parent's need for a parent.

Nagy diagrams individual development as inseparable from the family transactional pattern. In the autistic phase, during embryonic life and earliest infancy, there are relational expectations as the Subject-Object parental dyad await the child. In the next phase, the child affiliates with the parents into a symbiotic unit. This is followed by individuation and the development of autonomy, then by separation and disjunction. The child is then ready to begin a new pattern by involvement with an extrafamilial Other. Family psychopathology

always implies impairment in the transactional developmental sequence.

Much of this chapter describes what psychoanalysts would call "object relations," but Nagy insists that the phenomena cannot be fully appreciated in concepts of individually-based psychological terminology although he freely admits that each individual in the transactional pattern can also be studied up to a point. He sees the transactional phenomenology as a superstructure beyond what can be described as ego psychology. Such transactions form the essence of family psychology, and are the dynamics investigated in family therapy.

The best chapters in the book are those by the editors, Nagy and Framo, which describe the actual process of family therapy. They present direct observations of the interchanges between family members which psychoanalysts are only able to hear about by the reports of the analysand. Case material, with actual transcriptions of sections of tape recordings, are used to portray such events as the family myth, unconscious collusion between the parents to control the child, reversal of the role of the generations, the actions of the mass ego of the family, and the use of family members as transference figures by other members of the family. The living representation and survival of the infantile complexes in the family under direct observation is most interesting to a psychoanalyst. I myself have had the experience of being able to visualize more clearly the family situation related by an individual patient after reading about the family therapy process. Nagy interprets the material from the theoretical position of subject, object, and relatedness. He stresses the importance of the object's unconscious attempts to conform with the subject's expectation of him. He describes the complexities which confront the therapist in this new situation.

Framo, whose orientation is basically psychoanalytic, has written an effective and lucid chapter on "The Rationale and Techniques of Intensive Family Therapy". He describes vividly the therapist's involvement in the treatment and organizes the therapeutic process into the opening, middle, and terminal phases. He stresses the fact that the entire family unit is the patient. Preliminary phases of treatment are characterized by adjustments between the family and the therapists, and the partial apprehension of intrafamily pathology. During the middle phase of family therapy, the vicissitudes of early object relationships and the transactional

blending of the generations of family systems as well as the contribution of the children are uncovered. There is alternate surrender and reestablishing of old patterns, change, and resistance to change. Family transactions during the treatment sessions become more like the home situation although there is rarely the same vehemence or violence in the treatment situation as there is at home. The family will still not expose itself completely to the therapists. Framo discusses special problems which he has encountered: resistance, marriage problems, the "well" sibling, transference and countertransference, and the co-therapy team relationship. The terminal phase of family therapy is characterized by turmoil as the family system cracks and the family tries to reestablish the old pathology. There may be threats of suicide, murder, and divorce; and the anxiety is also felt by the therapists. There is not yet sufficient experience to form a clear understanding of the end phases of family therapy.

Framo attempts an honest appraisal of the results of family therapy. Family therapists feel, as many early psychoanalysts felt with their individual patients, that families improve during the process. Framo is not insistent upon family therapy in all cases and tries to evaluate the differences in indications between family and individual treatment. When the psychopathology is intrapsychic and the patient is no longer bound inseparably with his family, individual therapy is needed. In those situations where there has never been individuation and the prime patient is only a sector of the family pathology, family treatment is needed. It stands to reason that most of the neuroses and character neuroses would fall under individual treatment while most schizophrenias would fit into the family therapy category.

In contrast with the objective, inquiring attitude of Nagy and Framo, another chapter by Ackerman and Franklin portrays the style of family therapy that has made outsiders wary of the technique and its claimed results. The data presented in the theoretical formulations does not agree with the data disclosed by a careful reading of the sound-tape transcriptions. The technique seems to consist of the family therapist assuming the roles of a super-granddaddy who protectively supplants the family father while he teaches him, in front of the rest of the family, how to be a man. In some cases where the transference needs of the family are satisfied by the therapist's actions, temporary improvement

might result, but it is hard to imagine how the improvement could be sustained after the withdrawal of the therapist or how the displaced family father could hold the family's respect in the future.

Murray Bowen describes the development of the family therapy concept at the National Institute of Mental Health. He uses the term "undifferentiated family ego mass" to refer to the family emotional oneness. This term is not entirely fortunate because it includes the undifferentiated family drives and superego as well as ego. He stresses the direction of the therapy toward the family ego mass rather than to any individual patient. An important point is the fusion that takes place between a newly married couple into a new family mass. To avoid the anxiety of fusion, the spouses undergo an emotional divorce in order to maintain as much of a pseudo-self as possible. Dynamics within the ego mass are determined by the way the spouses fight for or share the ego strength available to them. Schizophrenia develops in those families where the parents had a low level of differentiation of self, and a high level of the parental impairment is transmitted to one or more of their children. The term "family projection process" refers to the mechanisms that operate as the child and parents play active parts in the transmission of the parental problem to the child. These terms may or may not be descriptive of the family process, but they can certainly be confused with previous meanings assigned to the words. It also seems that the definitive statements of family pathology in this chapter apply only to one leg of the elephant and we had better wait for a fuller description of other parts of the beast.

Lyman C. Wynne of NIMH has contributed a thoughtful chapter on "Some Indications and Contraindications for Exploratory Family Therapy". He assumes quite correctly that family relationships are always interesting and important, but we must try to understand when psychotherapeutic contact with family units is useful. He stresses the therapeutic structure and the fact that the focus is on the unnoticed but observable rather than on the inferable. He describes problems suitable for family therapy which are found in various combinations: adolescent separation problems whether or not schizophrenic; schizophrenic problems due to transactional thought disorder or what he calls "collective cognitive chaos" in which primary thinking process is transmitted from one genera-

tion to the next; the "trading of dissociations" in which a family member projects onto another and then denies in the other what is a problem in himself; "fixed distancing" in which family members cannot relate to each other and are unable either to separate or to develop mutuality; "amorphous communications" in which the family members are caught in vaguely defined expectations. Wynne also writes on the family constellations suitable for therapy, the situations suitable for therapy and countertransference problems in the therapists. He offers a few suggestions for the training and orientation of potential family therapists, advises psychoanalytic experience for the therapists and some experience in group therapy to overcome the biases formed by doing only individual therapy. Wynne decries the exaggeration of the dangers of family therapy because he states that families have a staggering capacity to remain the same. Wynne's chapter is a result of mature observations in which the error of premature theoretical closure has been avoided. It is an excellent summary of the place of family therapy in the therapeutic repertory.

Whitaker, Felder, and Warkentin have contributed a chapter on the countertransference in the family treatment of schizophrenia. They see the countertransference as the attempt of the therapists to reproduce their own family transactional patterns in the family therapy setting. In the process, they expect the therapist to become involved in the treatment family transactional pattern and describe an engagement, involvement, and disentangling phase. Since the psychoanalytic model of non-involvement is not followed, the term countertransference cannot mean the same as it would to a psychoanalyst. As a solution for countertransference problems, the authors advocate participation as patients in family therapy by future therapists, extensive experience in supervised family therapy, and ongoing supervision for all family therapists by others in the group.

Ronald Laing has contributed a chapter entitled "Mystification, Confusion, and Conflict", in which he describes the way in which a child is confused by the transactions between him and his parent. He gives clinical and anecdotal examples of the way language is used to impute affects and motivations which the child does not have. Although these transactions are very apparent to the observer of the family, they are also commonly reported in individual psychotherapy. Laing notes how the

process is used to maintain the status quo in the family. The descriptions are similar to those in Searles's paper (1959) on "The Effort Drive the Other Crazy." Although such observations are valid, the inference that such transactions are causative in schizophrenia is unproven. These authors must assume that what they observe in the family with older children or adults had occurred during infancy and impeded the development of the ego function of reality testing.

Descriptions of similar transactions are presented in the chapter by Wallace and Fogelson entitled "The Identity Struggle". This title is unfortunate because "identity" is used in the sense of attributing personality qualities by name-calling. It would be better if the term "identity" were reserved for the processes of identification and development of a sense of self. "Identity struggle" is the name given to a series of arguments *ad hominem* which cloud the issues in interpersonal communication. The effect of such arguments is said to make the victim's sense of self shift across a continuum of feared identity, real identity, claimed identity, and ideal identity from positive to negative positions. The chapter can be helpful to those who have little or no working knowledge of the concepts of narcissism, of ego, ego-ideal and self-esteem but it will appear to be naive even to anyone who has read only the basic psychoanalytic literature.

The book concludes with a chapter by Searles on "The Contributions of Family Treatment to the Psychotherapy of Schizophrenia". It is disappointing that this chapter is not up to the standard set by Searles in other papers. The language is clumsy and one does not get the impact of his insightful clinical observations as one does in his other papers. His observations chiefly relate to the tendency of the family to preserve the mass family ego, the impedance to cure by the threat of loss of membership in the family, and the tendency to keep the therapist out of the family. Searles concludes with the plea that in treating the family we must not forget that the schizophrenic patient is still its sickest member and that his problems may still need individual therapy.

This book is of interest to psychoanalysts for several reasons. It provides a broad survey of a related field, introduces him to the terminology used by various family therapists, and familiarizes him with an existentialist transactional theory. It should help those analysts who are inclined to

use their psychoanalytic insights to assist colleagues who work in a related field. A dialogue with mutual benefit can be the outcome of the merger of psychoanalytic knowledge of the individual and the transactional phenomenology of the family. Greater familiarity with family interaction will make the analyst more astute in evaluating the object relations of individual patients.

Family therapy is now being performed by many kinds of professional and non-professional people with many different kinds of training and preparation for the work, but this book portrays the efforts of several groups of well trained observers who are attempting to conceptualize their observations on the psychopathology of the family and to organize the principles of therapy. I believe that they have described the phenomenology of the family in a meaningful way although the causative factors of the phenomena need psychoanalytic understanding of the individual members. I do not think that the book gives the final answer to the question of whether the family has a psychology that goes beyond that of its individual members but it poses the question in a manner which demands our continued attention and warrants more observations.

Abraham Freedman

Marital Tensions: Clinical Studies towards a Psychological Theory of Interaction. By Henry V. Dicks., (London: Routledge, 1967. Pp. 354. 42s.; New York: Basic Books. \$10.00).

This stimulating book can be read as merely an account of the work of Dicks and his colleagues in the Marital Unit of the Tavistock Clinic in the National Health Service between 1949 and 1965. On this level it is an extremely lucid exposition of the developing concepts and interviewing practices of Dicks and his colleagues as they tried to assuage the miseries of the ordinary bad marriage among the professional, middle-class, and skilled working-class clients of South-East England who were referred to them by various agencies or who themselves sought help. The miseries of these marriages and the changes produced by the interviews with Dicks and his colleagues are illustrated by thirty-one case-histories, some of them very detailed (one covers 25 pages). These thirty-one cases were selected out of the 2,000 which were referred to the

Marital Unit during the fifteen years; for the chapter entitled "Who Has Been Helped?" Dicks has analysed every twentieth case out of these 2,000 in an attempt (only partially successful) to give statistical backing to his findings. All possible information, short of actual training, is provided so that similar units could be set up elsewhere. Although not all unhappy marriages are healed, there is sufficient improvement for this to be potentially a valuable aid to the diminishment of much misery for the couples and their children.

Were the book confined to its ostensible subject-matter it would be a valuable contribution to the literature on social psychiatry, but would probably not justify a long review in the *International Journal of Psycho-Analysis*, even though some psychoanalytic concepts are frequently invoked; but implicitly, and sometimes explicitly, it raises important questions of psychoanalytic theory and psychoanalytic treatment. As far as vocabulary goes, Dicks favours the terms employed by Fairbairn in his "object-relations theory", especially the "libidinal ego" and the "anti-libidinal ego" as near synonyms for the *id* and the superego, and intermittently he invokes Klein's concepts of the depressive and paranoid "positions". Apart from these modifications his general theoretical position is in the main stream of psychoanalytic thought. The real novelty in the work presented here is the treatment of the marital dyad as a single interacting psychological unity and the joint interview with both partners simultaneously as the major therapeutic device for lessening the misery of unhappy marriages.

Dicks describes in meticulous detail the steps by which he was led to these novel concepts of theory and therapy from the traditional situation in which one partner only was seen by one psychiatrist. The next step was each partner being seen by a separate psychiatrist (until 1958 Mary C. Luff interviewed most of the wives) and the two psychiatrists consulting with one another. In 1953 Dicks and Luff started "four person" joint interviews, with the married couple being interviewed simultaneously by the two psychiatrists, after some preliminary individual sessions. "Three person interviews" with Dicks dealing all the time with both spouses started accidentally, because of a case in which he alone was free to see the couple in the late evening; and it was only after repeated experience, and not from any theoretical bias, that he decided that this

situation was the most appropriate and effective for dealing with unhappy marriages, including disturbed sexual functioning which—he insists—is never a diagnosis but always a symptom of conflict. "Nobody is 'impotent'—period! They are only so *vis-à-vis* another person."

Dicks shows himself fully aware of the break with "the psychoanalytic tradition which decrees the sacrosanct privacy of the one-to-one therapeutic relationship"; he quotes Grotjahn's report of Freud's objections to seeing both spouses. He is also aware of the fears generally expressed (especially in the United States) of increased resistance or increased acting-out if the couple are seen simultaneously by the same psychoanalyst or psychiatrist; he finds that these fears are unjustified.

"... we have tended to give quite major interpretations early, almost in the assessment phase. The objective of an interpretation is to facilitate the emergence of fresh material, forgotten or repressed or ignored, and to mobilize feelings hitherto anxiously denied. These are likely, but not certain, to be expressed in transference. If this happens, acting-out (in mood, words or action) outside the consulting room diminishes and the joint interview becomes now the main arena of conflict while the actual life of the couple improves and the two personalities also feel better. ... The therapist(s) thus becomes the catalyst and mediator, and also serves as a new, more adult, transitional object to be internalized. ... There is a difference from individual psychotherapy or analysis in that the terminal phase of marital treatment leaves the dyad in a better position than the single patient. The anxiety over losing dependence on the therapist with all its variants of denial and rejecting over-compensation is softened by their having each other. The working-through goes on all along with the real partner, is being integrated during the joint-interview sessions and can continue after the end of attendances, since the partners have shared and can go on sharing the insights provided by the therapist now internalized as their "joint-ego". This hypothesis may explain why the vast majority of our couples "disappear" once treatment is ended. The terminal analytic mourning phase is much less marked. (p. 268).

The other advantage which Dicks claims for the joint interview over the individual interview is to avoid the scope of paranoid fantasies, which are an almost inevitable development of one partner talking to a psychiatrist whom the other partner is forbidden to see:

Where suspicion and jealousy run highest, it is most necessary for the therapist to have a relationship

which is at reality level perceivable as open towards both contestants. (p. 246).

This technical innovation is intended for one aim only—the preservation of existing unhappy marriages. Dicks explicitly rejects any psychological idealism, such as is hidden under the concept of “genitality”; he quotes Balint on the topic with approval. He assumes the validity of the ideals of marriage typically held by the majority of the English from the classes and region from which his clients are drawn. His aim is to weaken the unconscious factors which interfere with the attainment of good cherishing by the man and a sense of security and being valued as a person by the woman. The aim of marital therapy, he writes “should only be directed at enlarging the shared insight into their tensions, and never to assuming the omnipotent decision-maker’s role.” In his final chapter Dicks makes some remarks on the application of his technical innovations to other psychiatric treatment, but it does not appear that he has thought these through. He writes:

It is my contention that the treatment of individuals “in vacuo” by whatever method of in-patient or out-patient handling, is an obsolescent concept. Unless we are dealing with an isolate, the meaningful unit of therapeutic action is the presenting individual’s primary group: parents and siblings, spouse and children, sometimes also the work group. (p. 325).

Although this has some theoretical validity (no man is an island) it is difficult to see what motivation will bring a distressed person’s work group (for example) into therapeutic interviews; moreover, by trying to extend his technique so widely, Dicks is undermining the most important of his theoretical innovations: the unique interaction of the marital dyad which can be conceptualized and treated as a psychological unit. Mother and nursing infant are a second type of interacting dyad, already fairly widely recognized; but none of the other “primary groups” listed above can possibly be so considered.

Basic to Dicks’s hypotheses and innovations in therapeutic technique is the concept that any married couple in the Western world, no matter how unhappy and mutually destructive, create a dyad with joint ego-boundaries which can be conceptualized and treated as a single interacting unit (“an inner blue-print of a complete human unit—half oneself, half the love object”); and

while there is any wish, at conscious or unconscious level, to preserve the marriage, the analysis of this interacting dyad, not of one of the partners, provides the most hopeful prognosis. Within the dyad, the failure of one or both partners to act the expected role(s) of the spouse, as preconceived in fantasy, collusive regression, paranoid persecution, ambivalence, projective identification, and similar disturbances can best be resolved by interpreting to both partners of the dyad simultaneously.

Dicks draws illuminating parallels between some marriages and classical *folie à deux*:

At the opposite pole of the mutually creative and identity-confirming marriage stands the marriage, equally loyal and all-inclusive, in which the primary paranoid object world comes increasingly to dominate the manifest as well as the private content and aspect of the relationship.” (p. 127).

By his insistence on the uniqueness of the married dyad among all adult relationships, Dicks raises the question whether it is ever expedient to give psychiatric or psychoanalytic treatment to one partner of the marriage exclusively while there still exists a wish for the marriage to endure.

In his interpretations (clearly distinguished by a difference in type-face in the vivid case-histories) Dicks follows classical psychoanalytic thinking, especially in the emphasis which he places on the couple’s conscious and unconscious views and experiences of their own parents as models of marital roles and as embodiments of their superegos (in Dicks’s terms, their “libidinal” and “anti-libidinal egos”). His modification of psychoanalytic practice to the strictly limited end of diminishing marital tensions should commend his book to careful study by all who treat married patients.

Geoffrey Gorer

Progress and Revolution. A Study of the Issues of Our Age. By Robert Waelder. (New York: Int. Univ. Press, 1967. Pp. 372. \$7.00).

This is the last work, honourably crowning the imposing edifice of a life-time’s scientific research by Dr Waelder who died last year. The reader should be warned that this is not a clinical or therapeutical, perhaps not even a psycho-analytical book. It is, however, written in the

best psychoanalytical tradition, containing, as it were, the scientific testament of a sage and his message on the philosophy of history. It is written with incomparable dignity, a wealth of accumulated human wisdom, and in elegant prose, as for instance when he speaks of "the Hellenic search for clarity and the Christian search of charity" which characterize the author himself more than anything. The beauty of this book consists also in its well-chosen and apt quotations which, again, reveal the intrinsic and deep optimism behind Waelder's pessimistic facade. "When it is dark, he says (with Charles Beard, the historian), you can see the stars."

It would, perhaps, have been better had he given this book the title "Progress or Revolution", because this alternative is the topic with which he deals, summing both up with the last, the third part of the book: "The World Crisis of the Mid-Twentieth Century".

However, it is not very likely that this book will receive the popularity or even the recognition it deserves. It has not the appeal of being a "with-it" book. Of course, philosophers of history cannot avoid political issues. Waelder, however, does not advocate current "progressive" causes. He looks at history *sub specie aeternitatis* and is not carried away by partisan fervour. He quotes Saint-John Perse, that pacifism often does not mean more in practice than giving a green light to aggressors. Because of this attitude, some may even think Waelder a "reactionary": he would not abolish all the hereditary privileges or lift all the restraints from inequality or liberty. However, his "conservative" criticism of modernity is almost revolutionary in its challenging nonconformism. He is certainly against the so-called "American moralists" of today, and their "inverted chauvinism", the donnish justification of the "other side", and the condemnation of one's own country—in American terms of references those who "denounce everything and give America a bad name abroad". Semantically, Waelder does not use the term but means those who during World War I were called "defeatists", between the two wars "appeasers" (he does not let us for instance forget Bertrand Russell's pleading for Western disarmament between the twenties and thirties), and during World War II "Quislings". Unfortunately however, Waelder omits to give a truly psychoanalytical explanation of the mentality of all these *afficionados*, as Jones did when describing "Quislingism".

Waelder's historical ideas are unambiguous. He mentions the "wheel", the "pendulum", the "seesaw" and the "arrow" philosophies of History and their optimism, but adopts none. It is his theory that just as the Jewish, Greek, and Christian worlds took up, until the dawning of the Renaissance, a stationary, finite attitude, from the eighteenth century onward strong belief in the inevitability of progress has gained ground. The idea, exemplified by the myth of Prometheus and held even by Epicure, that experiments were sacreligious, gave way only slowly. In the Renaissance it was still forbidden to dissect a human corpse, and the ideal of a "Watchmaker-God" was still unassailable. But then Man started to experiment. Ancient man's reluctance to experimentation was due to the separation of philosophical thought from practical action. However, experimentation forced Nature to give non-ambiguous, non-Delphic answers to Man's questions. Progress was on its way.

Progress was either envisaged as due to a struggle between the forces of Light and Darkness (essentially the Manichaean idea), or as something arising from the accumulation of experience, or, finally, as an immanent trend of self-perfection. This latter created the basis of the belief in the goodness of science. Until World War I the belief in the beneficial nature of scientific progress went unchallenged: it was to give us the perpetuation and increase of wealth and welfare. However, not until the nineteenth century was social compassion aroused or revulsion against human suffering manifested. It is true, a highly selective humanitarianism slowly evolved, with a rejection of the idea of torture, yet it was still linked to a firm belief in a future Good which could be reached by those who aimed at an egalitarian Society which could do no wrong. Here Waelder reminds us of Rabbi Hillel's beautiful words: "If I am not for myself, who will be for me? Yet if I am for myself only, what am I?"

The shift from Metaphysics to Physics was inevitable. However, Waelder does not allow us to forget Kant's words: "Ideas without facts are empty, but facts without ideas are blind". Utopian illusions and science- (or technology-) worship seem to go hand-in-hand. Waelder seems to date back the start of our disillusionment in them to 1922 when the ethologist Schjelderup-Ebbe discovered the "pecking-order" (named by him) in certain animal (especially bird) species. This dealt a blow to the idea that egalitarian hopes were based on

natural laws. Subsequently, ethologists dealt with "dominance", "territorialism" etc. in animals. Waelder remains somewhat sceptical about its validity for us since human stratifications are different and more various than the animal ones. "Equality of opportunity" has subsequently emerged as a new ideal. On the moral side, we can say that humane sentiments have grown stronger but the width of their distribution, and, not infrequently, their solidity under pressure, are still open to question. Vast inhumanity can coexist with and in the name of ideals. The speeding up in the rate of progress also increases the likelihood and the severity of economic fluctuations; every change does away with stability. One is left wondering how children can acquire those stable and deep personal relations which so far appear to be a prerequisite of healthy personality development. The section on the "Scapegoat Movements" describes how people expect the redress of their grievances from a transfer of powers to some other authority which, it is tacitly assumed, will always be just and wise, and will set things right. This, Waelder says, is one of the most enduring features in history; however, we ought to realize that "exclusive or predominant concern for self" and lack of foresight and wisdom are characteristic of men, not of specific rulers, groups, classes or institutions. He mentions the anti-Capitalistic, the anti-Semitic and the anti-Imperialistic causes. That a perfectly just order would voluntarily be accepted by all is based on the assumption that all men are satisfied with justice—which is open to doubt.

There are three concepts here which he investigates: violence, utopian illusion and revolution. First, he differentiates between the authoritarian and totalitarian state: in the first, the citizen goes unmolested if he is politically inarticulate; while in the second the silent citizen may be subject to reprisals. One of Waelder's best quotations from de Tocqueville is that "nothing is more customary than to recognize superior wisdom in the person of the oppressor". It is a pity that here Waelder does not quote the psychoanalytical concept of Anna Freud's "identification with the aggressor". However, he has momentous words to say about the underestimation of the role of violence: going with a naive disregard of its effects or with the belief that it is irrelevant (because it is immoral and inexpedient); or else it is regarded as obsolete. He has scathing remarks on the alleged practical superiority of spiritual weapons,

Satyagraha, or other methods of non-violence. The very attitude of non-recognition or belittling, he says, that once prevailed with regard to sexuality, is now at work to deny or minimize the role of violence, practised or potential, in human affairs. Waelder makes the point that it is an utopian illusion to believe that self-realization of the one is always compatible with the self-realization of the other. In utopianism, complete harmony is envisaged between desire and duty, whereas "the combination of dreaming and ruling generates tyranny" (Oakeshott) and "the most ordinary weakness of the human intellect is to reconcile contrary principles and to purchase peace at the expense of logic" (de Tocqueville). Waelder is disenchanted about Woodrow Wilson's and other dreamers' belief in a "peace in our time", but adds: "probably, everybody has some utopian corner in his mind" (which was not missing in Pavlov or even in Freud either), but this is different from the case where utopian aspirations permeate or dominate the personality and the entire conduct of life. Utopian thought is wishful thinking, and, in its more malignant forms, reflects defective perception of reality.

The "devil"-theory attributes revolution to alien agitators, the social one to injustice, oppression, or poverty. Seton-Watson finds a more immediate cause of it in the frustration of the intellectuals. Waelder adds those of rising expectations: the frustrated ambition of an aristocrat may have a higher revolutionary potential than the hunger of a peasant. Without investigating it in depth, Waelder is puzzled by the lack of emotional warmth in the revolution as a historical phenomenon. He feels that two things are the signal marks of Jacobinism: its fierceness and its addiction to abstract systems. He agrees with Jouvenel on the guerillas who combine the manners of gangsters with the moral benefits of martyrdom, and use cold, calculated violence. There is total duplicity here: these revolutionists do not usually present their real programme to the people: rather they pretend to fight for what, allegedly, the people want. Although Waelder notices that "the absence of meaningful goals may lead to a sense of disorientation", to a questioning of ideals; likewise to nihilism and cynicism. As a psychoanalyst, Waelder ought to have mentioned here how dangerously close all this comes to a schizophrenic split in the individual mind.

All the same, Waelder's differentiations, in their spirit, throughout display a psycho-

analytical approach and cogitation. Kipling once mentioned the ancient Indian rule that a man should be twenty years of his life a youth, twenty years a fighter, twenty years the head of a household, and then withdraw from the world, devoting his remaining years to the search for the Absolute. This was Waelder's ideal too, and this, his last book, is an eloquent witness to it.

L. Veszy-Wagner

Invention and the Evolution of Ideas. By Donald A. Schon. (Paperback edition of *Displacement of Concepts*.) (London: Tavistock, 1967. Pp. 208. 21s.)

This work deals with the mental process of invention. Schon divides most theories about this into (i) "theories of mystery", which attribute novelty in ideas to "an inscrutable (and thus unknowable) agency" like divine inspiration or revelation; and (ii) "theories of reduction" which deny that there is anything new to explain by treating new ideas as simple recombinations of old ones. Though explaining much up to a point, psychoanalytic theories which derive creativity from the unconscious seem to belong basically to the first group. Szekely's (1967) paper does illuminate unconscious *interferences* with creation, but his reliance on re-combinations of some current psychoanalytic theories to "explain" creativity itself puts his ideas into the second group. To explain novelty in ideas Schon offers the new theory of "displacement of concepts". He regards this idea as the same as Cassirer's (1946) "radical metaphor", and it resembles Koestler's (1964) concept of "bisociative thinking" in seeing creation as emerging from certain specific ways of juxtaposing ideas or perceptions taken from different contexts. Winnicott's (1953) concept of the "infant creating the world" has something in common with these ideas, as he relates creativity to the "transitional area" where two "worlds" meet. What has a philosopher-turned-industrial-consultant to say that helps us further? Schon is concerned with the thinking expressed in certain parts of language. Like the post-Galilean physical scientists (Rapoport, 1967), we are involved in a revolution of ideas, but unlike them lack a specific language (they have mathematics) with which to express these. It is not only that we cannot accurately describe all our data—

secondary process verbalizations must misrepresent primary process—but also that lacking specific symbols with which to convey our concepts, we are obliged to use metaphor and analogy; and much of the detail of Schon's exploration of the potentialities and limits of these parts of speech (which he believes play an essential role in the process of invention) might incidentally be of help to us. He shows, for example, how much we owe in our thinking to a "historical current of thought", as illustrated by ideas about deciding, so many of which are based on the very old metaphor of the scale (we "weigh one thing against another")—a concept already evident in Plato's notion (in *The Republic*) of justice as a "balancing of elements" in the human soul. Is it because things are always "*weighed in twos*" that so much of thinking follows a dualistic pattern? This certainly often occurs in metapsychology. Whether it is conflict between erotic and self-preservative instincts, between id and ego defences, between egoism and altruism, between drive and neutralized energy, between good and bad objects ... the theories and their details differ, but the basic dualistic model is the same; and is the same in the Cartesian dichotomy between mind and body, which had forerunners in Plato's dualistic distinction between appetites and reason, which itself inherited the Pythagorean and Orphic beliefs in the similarly dualistic separation of soul from body (MacIntyre, 1967). Schon sees the emphasis on duality as a "mechanism of the process a man goes through when he compares objects with his two hands. We still say 'on the one hand' and 'on the other'." We all experience being bi-symmetrical. All relatively mature people have also experienced triangular relationships, and have unconsciously symbolized parts of bodies "in threes"; and we also use triadic metaphors e.g. in the structural concept, and in Winnicott's (1967) "third space". Could it be that the metaphors we find meaningful are essentially those also describing unconscious symbols of psychological development must be unnecessarily limited to a few basic and sometimes misleadingly irrelevant models, unless we learn better how to cope with the verbal tools we have, perhaps to forge a genuinely new language. For those concerned about the variousness and frequent incompatibility of metapsychological theories, about confusions between observed data and abstract concepts, and about misconceptions engendered

by metaphors using models borrowed from the physical sciences, Schon's erudite work, which contains far more than a brief review can indicate, could be a useful starting point.

Anne Hayman

REFERENCES

CASSIRER, E. (1946). *Language and Myth*; (New York: Dover).

KOESTLER, A. (1964). *The Act of Creation*. (London: Hutchinson).

MACINTYRE, A. (1967). *A Short History of Ethics*. (London: Routledge & Kegan Paul).

PLATO *The Republic* ed. C. M. Baker. (New York: Scribners, 1927).

RAPOPORT, A. (1967). "The Words of Power: Galilean Revolution." *B.B.C. Third Programme*, 15 October.

SZEKELY, L. (1967). "The creative pause." *Int. J. Psycho-Anal.*, 48.

WINNICOTT, D. W. (1953). "Transitional objects and transitional phenomena." *Int. J. Psycho-Anal.* 34.

WINNICOTT, D. W. (1967). "The location of cultural experience." *Int. J. Psycho-Anal.* 48.

Hoofdstukken uit hedendaagse psychoanalyse (Chapters from Contemporary Psychoanalysis). Edited by P. J. van der Leeuw, E. C. M. Frijling-Schreuder and P. C. Kuiper (Arnhem: van Loghum Slaterus, 1967. Pp. 311).

This excellently produced paperback was conceived to mark the seventieth birthday of Jeanne Lampl-de Groot in 1965, and contains contributions by a number of distinguished authors, all of whom acknowledge her influence on their own work and on contemporary psychoanalysis. The majority of the papers included in the volume are in Dutch, a few in German, and one in English. English summaries of the Dutch papers are appended.

The group of theoretical papers in the first section of the book include "Notes on psychoanalysis and science: the concept of structure" by Heinz Hartmann—an elaboration of discussion remarks at the Amsterdam Congress in 1965, a paper by Willi Hoffer on the theory of defence, one by P. J. van der Leeuw on Freud's theory-formation and a contribution by H. J. van der Waals on narcissism.

The second section consists of two papers: "Splitting of the ego as the central phenomenon of neurosis" by R. le Coultre and Anna Freud's "On losing and being lost". A paper by

P. C. Kuiper on transference and counter-transference follows, and this is followed in turn by a group of four papers on clinical psychiatry. These are "Diagnostics, clinical psychiatry and psycho-analysis" by W. K. van Dijk, "The psychiatrist and death" by E. C. M. Frijling-Schreuder, "Some remarks on psychogenic disturbances of learning" by Th. Hart de Reuter, and a paper by N. Treurniet on the psychoanalytic theory of psychosis.

The final sections of the book contain a paper by H. Kits van Heijningen on the indications for admission to a medical day care centre, one on unhappy love in adolescence by D. J. de Levita, and papers by E. Isaac-Edersheim on "Adaptation" and A. Mitscherlich on the social and personal ego.

All the papers are of a high quality and several extremely important. The collection represents an impressive contribution to the literature of psychoanalysis but it is unfortunate that most of the contributions—many of which are published for the first time—are in Dutch. It is to be hoped that translations will be made available.

J. Sandler

Minutes of the Vienna Psychoanalytic Society. Volume II: 1908-1910, Edited by Herman Nunberg and Ernst Federn, translated by M. Nunberg, (New York: Int. Univ. Press, 1967. Pp. 582).

Five years after the first volume of the Minutes was published (1962) the second volume appeared and is equally as fascinating as the first one. It can only be hoped that the reader will not have to wait another period of five years to see the last, third, volume which will bring a complete index.

The volume contains the minutes of the meetings of the Vienna Psychoanalytic Society in the years 1908, 1909 and 1910, from the fifty-fourth scientific meeting to the hundred-and-twelfth.

All the minutes were taken by Otto Rank's hand and some facsimile reproductions show his careful, methodical, continuing attention and care. Due to his precision and alertness, his awareness of the historical moment, we can now study Freud at that time and his interaction with the group of friends and students.

Where else but in this book do we have a chance to listen when Freud—off the cuff but still into the record—volunteered to speak about

Gerhard Hauptmann, Karl Marx, Heinrich von Kleist, Immanuel Kant, Friedrich Schiller, Viennese newspapers, breeding habits, and numerous other topics?

This volume is of the greatest historical interest; it is a monument to the Professor's round table Wednesday seminars. It is also a monument to Otto Rank's place in psychoanalysis. His loyalty and his quick and clear mind always aware of the historical moment, have created a document which has weathered a hidden life through sixty years and which will live for a long time to come. His struggle for independence and for friendship with the Professor and the members of the seminars shines through the words but does not seem to interfere with objective, careful reporting, reminiscent of the exactness and quickness of a skillful court reporter. He was certainly Freud's perfect student.

Otto Rank presented several original contributions of special interest to the seminars: a short outline of his book *The Myth of the Birth of the Hero* (November 1908) and *On the Psychology of Lying* (April 1909). In his presentations, as in his discussion remarks, the wealth of his knowledge in the humanities and arts, and his understanding of psychoanalysis become obvious. Equally obvious is how much Freud was stimulated by Rank's thinking and how much he respected him at the time. One of Rank's remarks is timeless in its penetrating strength: "... when the unconscious is made conscious art ceases to exist" (p. 193).

The report of the three Freud lectures which Freud presented on his work and progress at that time deserves a special place. In May 1909 he spoke on specific types of male object-choice (two meetings); in December of the same year on a fantasy of Leonardo da Vinci. In these presentations, as more or less in all, the "Professor" himself was the central figure. There is no doubt that his gigantic size put everybody into his shadow.

Freud dealt sincerely, seriously, fairly and justly with his students and received a considerable feedback from them, which he seems always to have acknowledged. Stekel usually confirmed, tried to top the Professor, and occasionally finished with a personal confession. Adler was often doubtful and Freud seemed always to react with special creative stimulation to his more unruly students who were joined by Fritz Wittels. The first hints of trouble show up when Freud asked in a case discussion:

[The patient] should be consistent and remain a pig. In what way does he acquire repressions? Adler will certainly be able to answer this question in a way which, from his point of view, is very simple and justified. (p. 20)

Otto Rank seemed to take a special place in Freud's affections and it often seemed as if he could not do wrong. Freud himself, as always, was true, clear, sharply structured, to the point, critical, praising, but always leading further. He could lose his patience, as for instance when he said:

... everything that was solved in the *Theory of Sexuality* makes its appearance here as a riddle, and the trouble is that he [Freud] cannot repeat over and over again what he has already stated.

When discussing sexual enlightenment Freud stated:

... children do not at all want to obtain enlightenment from their fathers ... enlightenment should not be, like a shower, suddenly poured over a child. ... (p. 230).

Later he added, when speaking about the family neurosis:

The therapy of a child's nervous states will always have one great difficulty: the parents' neuroses, which will form a wall in front of the child's neurosis. (p. 324).

Quite generally the discussions were more clinical and less literary than in the first volume. Everybody seemed to become more sure of himself and of psychoanalysis and richer in clinical experience. Freud himself contributed several unexpected case illustrations from his work. (Pp. 359, 455, 460.)

Occasionally Freud was blunt. Sometimes he did not inhibit his disgust; for instance, when he called a Wittels's patient an "absolute swine" (p. 379). Freud was also much less personal in his remarks than his students and hardly ever confessional. The only startling exception:

Prof. Freud continues that he himself is planning a paper on this topic, but for practical reasons will keep it until the time when his own sexuality has been extinguished. (p. 61).

Freud's remarks were always timeless, while naturally some of the discussions are dated. There are remarks from Freud, for instance,

about social repression where he was far ahead of his time and it sometimes seemed as if he also could frequently have been years ahead of himself (p. 89). In places he gave a blueprint of the future and outlined years of work to come (Pp. 401, 442, 514); and another time (p. 164) he spoke on ego psychology in anticipation of much later developments in psychoanalysis.

Freud on Nietzsche:

... that he has never been able to study Nietzsche, partly because of the resemblance of Nietzsche's intuitive insights to our laborious investigations, and partly because of the wealth of ideas, which has always prevented Freud from getting beyond the first half page whenever he has tried to read him. (p. 32).

And on Schiller, the Professor remarked:

... Schiller is a particularly fine example of a normal man (p. 103).

His opinion about Peter Altenberg:

... represents the aestheticism of the impotent. (p. 392).

In the report of the meeting on March 10, 1909, we can witness how Freud, while discussing Adler, conceived and announced the term and idea of "reaction formation". (p. 175).

Somewhat later—May 4, 1910—he gave a prophetic view of later ideas in psychoanalytic training:

[The speaker] is prevented by personal complexes from getting any further with analysis for the time being, just as everyone in general gets only as far as his personal complexes will permit. (p. 514).

(See also pp. 442, 443 for Freud on active technique.)

More frequently than in the first years it became customary not to devote the entire evening to one topic but everyone presented a review, a discussion, a short case report, or other material.

Freud always settled the matter and sometimes spoke after every short communication—once not less than nine times. His concluding remarks were masterpieces of clarity. There was a discussion of telepathy and graphology which

showed an unusual tolerance towards telepathy and intolerance towards graphology.

Everybody took the libido theory very seriously and often the medical background of the discussants became obvious, as for instance, the inclusion of milk and meat diets in a discussion of masturbation.

The "gang" was often more critical of each other than Freud allowed himself to be. In general one can actually see the gradual maturation and growth of the entire group as far as their position, place, and knowledge of psychoanalysis was concerned.

Here we find the records of the historical meetings in May and April of 1910 in which the Society was organized, reorganized and everybody had to spend more time with organizational and administrative matters. Psychoanalysis became an organization. Freud's aversion to the Viennese seemed to be well known and recognized by everybody and was openly discussed.

The translation cannot be judged without the German original, but Freud's style comes through in all its perfection and it is on the high level of the translation as used in the *Standard Edition*. While Freud's originality and great mastery of the German language is well expressed, it seems as if the other speakers tend to be somewhat uniform and all seemed to speak in similar style as would be expected in such a concentrated narration as taken down by Otto Rank.

Naturally there are details to be criticized: a facsimile of Rank's handwritten notes is not properly identified. The marvelous introduction to the first volume by Herman Nunberg is not continued to introduce the second volume. The inserts in brackets are mostly unnecessary and sometimes irritating. Some of the footnotes are inappropriate; others are missing where they would have been needed, and only some are on the high level of the first volume. (See footnotes on pages 246 and 248.)

The book gives a living dramatic account of the life and creative atmosphere in Vienna during the prewar years when Freud was at the peak of his creativity and founding a science of world wide importance and lasting impact on every aspect of human behaviour.

Martin Grotjahn

131ST BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
M. M. MONTESSORI, SECRETARY

REPORT OF THE 25TH INTERNATIONAL PSYCHO-ANALYTICAL CONGRESS

	PAGE
INTRODUCTION	116
PROGRAMME OF THE CONGRESS: EDITORIAL COMMENT	117
BUSINESS MEETING:	
1. Report of last Business Meeting	117
2. Obituaries	117
3. Report of the Executive Council	118
4. Treasurer's Report—Dr Jacob Arlow	123
5. Election of President, Vice-Presidents and Treasurer	124
6. Nomination of Secretary and Associate Secretaries	125
7. Proposed Amendments to the Constitution and Byelaws	125
8. Place of the next Congress	126
9. Freud Archives Report—Dr Kurt Eissler	128
10. Summary of Important Activities within the Association 1965/67	129
11. Other business	141
12. Votes of thanks.	141
EVALUATION SESSION	141
APPENDICES	
I. Programme of Scientific Events.	145
II. Statistical information concerning the Association	<i>pull-out</i>
ANNOUNCEMENTS	
I. 26th International Psycho-Analytical Congress, Rome, 1969	148
II. 3rd Pre-Congress Conference on Training, Rome, 1969	148
III. Notice of tape-recording	148
CONSTITUTION AND BYELAWS	149

INTRODUCTION

The Twenty-fifth International Psycho-Analytical Congress was held in Copenhagen from Sunday, 23 July through Friday, 28 July, 1967, at the Falkonercentret. The meetings were held under the auspices of the Danish Psycho-Analytical Society, Dr Thorkil Vanggaard, President.

In respect to scientific meetings, hotel accommodation and special events, the Association is indebted to the Municipality of Copenhagen; to Dr Ebbe J. Linnemann, Secretary of the Congress Organizing Committee; and to Dr Jeanne Lampl-de Groot, Dr E. C. M. Frijling Schreuder, Co-Chairman; and Dr J. H. Thiel, Secretary of the Programme Committee.

An informal get-together was organized as usual on the Sunday evening at the Falkonercentret. The Congress members were entertained at an official reception given by the Municipality of Copenhagen at the Town Hall on Monday, 24 July. Members were invited to Montebello on Wednesday afternoon for a most interesting visit to this 5-year-old hospital. A number of attractive tours were also arranged and, on Friday evening, after the conclusion of the Congress, a Farewell Party was held at the Nimb Restaurant in the Tivoli Gardens.

The International Psycho-Analytical Association wishes to express its great appreciation to the colleagues of the Danish Psycho-Analytical Society

and to all others who co-operated in helping to make the Copenhagen Congress a successful and pleasant convention. The atmosphere of festivity was enhanced by the fact that the City of Copenhagen was celebrating its 800th anniversary.

The Congress was attended by the Hon. President, Dr Heinz Hartmann; the Hon. Vice-Presidents, Dr Phyllis Greenacre, Dr Willi Hoffer, Dr Jeanne Lampl-de Groot; the President, Dr P. J. Van der Leeuw; and the following members of the Executive Council: Vice-Presidents, Miss Anna Freud, Dr William H. Gillespie, Dr Leon Grinberg, Dr Heinz Kohut, Dr Rudolph M. Loewenstein, Dr Sacha Nacht, Dr Wilhelm Solms and Dr Elizabeth R. Zetzel; Hon. Treasurer, Dr Jacob Arlow; Hon.

Secretary, Dr M. M. Montessori; Associate Secretaries, Dr Avelino Gonzalez and Dr Arthur F. Valenstein. The World Federation for Mental Health was represented by Dr Georges Abraham, Geneva.

The total number of registrants was 763.

The Congress was opened by Dr P. J. Van der Leeuw, President of the Association, on Monday, 24 July at the Falkonercentret. The opening was followed by a Welcoming Address by Dr Ebbe J. Linnemann, Secretary of the Congress Organizing Committee, and a Presidential Address by Dr. P. J. Van der Leeuw.

These opening addresses were followed by a short intermission, after which the scientific programme was opened with a Plenary Session.

PROGRAMME OF THE CONGRESS

Editorial Comment

The Scientific Programme of the Congress was again devoted to one main clinical theme—On Acting Out and its Role in the Psychoanalytic Process. The first Plenary Session of the Scientific Programme was devoted to presentations by Miss Anna Freud and Dr Leon Grinberg. This was followed, in the afternoon, by five simultaneous Language Sessions, continuing discussion of the presentations at the first Plenary Session—two in English and one each in French, German and Spanish. Reports from the five simultaneous Language Sessions were given on the morning of the second day, followed by discussion from the floor. The final Plenary Session of the Congress, on the Friday morning, was also devoted to the main theme. The speakers at this session were: Dr Rangell, Dr Lebovici, Dr Vanggaard and Dr Greenacre.

The individual papers were reduced to 24, i.e. half the amount of the previous Congress, to allow more time for discussion from the floor, as had been requested by a majority of members participating at that time.

Reduction in the number of speakers, resulting from this measure, was compensated by the introduction

of an equal number of brief communications, either prepared or from the floor, lasting fifteen minutes each and without discussion.

This must be considered as an experiment of which the merits can only be assessed after a careful study of reported reactions. Individual papers and brief communications were presented in simultaneous sessions with simultaneous translations. To permit a larger number of members to participate actively in the proceedings of the Congress, two teams of translators were, for the first time, invited to collaborate.

Four symposia were also added to the programme, two simultaneous pairs being held on Tuesday and Thursday. The originally allotted time for these events, however, was considered insufficient by the persons involved so that, at their request the symposia were officially continued on the evenings of Tuesday and Thursday, which were originally to have been free.

In all thirty speakers took part. The Programme Committee tried to offer a learning experience to younger colleagues at the same time as affording older ones an opportunity to express their latest ideas.

BUSINESS MEETING

The Business Meeting of the 25th International Psycho-Analytical Congress was held on Wednesday, 26 July, 1967, in the Falkonercentret, Copenhagen. Dr P. J. Van der Leeuw, President of the Association, was in the Chair.

1. The report of the last Business Meeting, held in Amsterdam in July 1965, and published in the 127th Bulletin of the International Psycho-Analytical Association, was accepted.

2. Dr P. J. Van der Leeuw then read out the names of colleagues and friends who had died since the last Congress:

From the American Psychoanalytical Association: Dr George S. Amsden, Dr James F. Berwald,

Dr Smiley Blanton, Dr Charles Davison, Dr Edna G. Dyar, Dr Sidney L. Green, Dr I. Peter Glauber, Dr Herbert Glickson, Dr Carel van der Heide, Dr Robert P. Knight, Dr Joseph M. Krimsley, Dr David Levitin, Dr Edward Liss, Dr William C. Menninger, Dr Joseph J. Michaels, Dr Harry H. Nierenberg, Dr Samuel Novey, Mrs Beata Rank, Dr Philip Q. Roche, Dr Nathaniel E. Selby, Dr Herman Shlionsky, Dr George W. Smeltz, Dr Sidney Tarachow.

From the Canadian Psychoanalytic Society: Prof. T. Chentrier.

From the Argentine Psychoanalytic Association: Dr Elias Jarasky.

From the British Psycho-Analytical Society: Miss D. Barnett, Miss M. Bavin, Dr I. Gluck, Dr Max Joffe, Dr David Matthew, Mr J. Strachey, Dr J. Waterlow.

From the Dutch Psycho-Analytical Society: Prof. Dr H. C. Rumke.

From the Swedish Psycho-Analytical Society: Prof. E. Tegen.

From the Swiss Psycho-Analytical Society: Dr Gustave Bally, Dr Ludwig Binswanger, Dr H. Winter, Dr Hans Zulliger.

From the Israel Psycho-Analytical Society: Dr A. Isserlin, Dr F. Lowtzky.

From the Japan Psycho-Analytical Society: Dr Masanori Doi.

From the Direct Members: Mrs L. L. Baumgarten, Mrs L. Liebermann, Mrs Lili Peller.

The Meeting then stood in silent tribute.

3. Report of the Executive Council

Dr P. J. Van der Leeuw: Now we have come to Item 3 of the Agenda, the Report of the Executive Council. The Honorary Secretary will read first Section (a) Actions approved by the Executive Council since the last Congress and now presented to the Business Meeting for official approval.

Dr Montessori: First there are the Direct Members elected under Statute 5 (a) (iii). Following receipt of written recommendations from the Chairman of the Sponsoring Committee of the Finnish Study Group, Dr Winnicott, and the Secretary, Miss Pearl King, the following Finnish psycho-analysts have been granted Direct Membership of the Association through a mail ballot:

- A. Dr Gunvor Vuoristo
- B. Mr Lars-Johan Schalin
- C. Dr Henrik Carpelan

Dr P. J. Van der Leeuw: This is within the competence of the Council so it is only an announcement for your information. Now we proceed to (ii).

Dr. Montessori: Direct Members elected under Statute 5 (a) (iv): Following receipt of applications for reinstatement as Direct Members of the Association, perusal of Curricula Vitae and references from other Members of the Association and the approval of the Executive Council through mail ballot, the Executive Council decided to provisionally grant Direct Membership to:

- A. Dr Tibor Rajka
- B. Mrs Ilona Felszeghy
- C. Dr Margit Pfeiffer

All three are from Hungary. These individuals elected *pro tem* by the Executive Council to Direct Membership are now presented to the Business Meeting for definite action.

Dr P. J. Van der Leeuw: I presume that you all agree and I ask for your approval by showing of cards. (Majority in favour) Thank you, it's a majority. (Applause). Now we proceed to item (b), Report and Recommendations arising out of the Meeting of the Executive Council held in Copenhagen,

22 and 23 July, 1967. May I ask the Honorary Secretary to proceed, starting with the Resolutions proposed in accordance with the Byelaws of the Association.

Dr Montessori: Amendments to the Constitution and Byelaws have been proposed to the Membership in accordance with Statute 9. However, following the recommendations received, a revision has been necessary. The Council is particularly indebted to the *ad hoc* Committee appointed by the Executive Council of the American Psychoanalytic Association, consisting of Dr Beres (Chairman) Dr Calder and Dr Valenstein (Members), for studying these Amendments and for the advice received in this connexion. After careful consideration it was felt by the Council that problems of timing and wording were present in some of the proposed Amendments, which on the other hand were of sufficient relevance to be presented to the Membership as binding resolutions. The text of these proposed resolutions you will find at the door; it has been retyped, but it consists of the same wording as found in the corresponding Amendments published in the 129th Bulletin.

I shall now read it to you. In accordance with the Byelaws of the Association, Byelaw 4 (a) (ii) and (iii), the following Resolutions have been moved by the Council, appear on the final Agenda of the Business Meeting and, if passed by a majority vote at the Business Meeting, shall be regarded as binding on the Association:

Amendments proposed in the 129th Bulletin of the Association which are now presented as binding resolutions:

(i) "There must be at least two Council Members belonging to a Regional Association and residing in that Regional area and at least one Member of Council who belongs to a Component Organization in, and resides in each area in which a Component Organization forms part of an Informal Association of Component Organizations." (See amendment to Statute 8, page 218 of the Bulletin).

Dr P. J. Van der Leeuw: Now I will ask if there are any comments on this binding resolution.—No. Then I shall put it to the vote—May I ask you to show your cards. (Vote taken). Thank you; that is a majority in favour. The binding resolution is passed. Now Dr Montessori will read the second one.

Dr Montessori:

(ii) "The two nominees belonging to a Regional Association who have the largest number of votes of nominees of that Regional Association shall be declared elected as Members of the Council, and each nominee belonging to a Component Organization which forms part of an Informal Association and who has the largest number of votes of the nominees from that Informal Association shall be declared elected Members of the Council; unless one or more officers have already been

elected from the same Component Organization. The REMAINING vacancies on the Council shall be filled by those candidates who have the highest number of votes, so long as more than half the elected Council Members belong to a Component Organization OTHER THAN that of the President. If this ratio is exceeded then the candidate from the President's Component Organization with the least number of votes shall drop out and be replaced by the candidate next highest on the list and being a member of another Component Organization. This procedure may be repeated if necessary. When there is a tie for the last place among eligible nominees one further ballot shall be held between those nominees who have tied. The one with the simple majority shall be elected." (See amendment to Byelaw 7 (b) (ii) page 219 of the Bulletin).

Dr P. J. Van der Leeuw: Has anyone any comments?

Dr Valenstein: I would like to propose an amendment to this proposed binding resolution. After discussion with several colleagues it seems clear that a certain part of it calls for clarification and I would like to substitute the following statement for the middle clause, namely that part which reads for the moment as follows—I will read it first as it stands and then I will read it as it is proposed. The current wording is: "The REMAINING vacancies on the Council shall be filled by those candidates who have the highest number of votes, so long as more than half the elected Council Members belong to a Component Organization OTHER THAN that of the President. If this ratio is exceeded then the candidate from the President's Component Organization with the least number of votes shall drop out and be replaced by the candidate next highest on the list and being a member of another Component Organization." It struck us that this was an unwieldy way of putting it and might even fail its purpose. I would propose the following amendment in its place: "The REMAINING vacancies on the Council shall be filled by those candidates who have the highest number of votes so long as not more than half the elected Council Members (Vice Presidents) belong to any one Component Organization. If this ratio is exceeded then the candidate(s) from that Component Organization with the least number of votes shall be ineligible." And the text goes on as already proposed.

Dr P. J. Van der Leeuw: Does anyone second this move?

Dr Schur: Yes.

Dr P. J. Van der Leeuw: Thank you. Are there any comments on this binding resolution with its amendment? (No comments.) We shall vote on the binding resolution as amended. (Vote taken.) (Majority in favour.) The binding resolution is passed and is binding on the Association. Now we proceed to the third item, that is the Permanent Office. Would the Honorary Secretary read that binding resolution please.

Dr Montessori: Before we propose the text of the resolution I should like to say something about the reason for proposing this resolution.

At the beginning of the term several possibilities were considered with regard to an office for the main administration of the Association.

It became, clear that, whatever one did in this connexion, part of the work would have to be done in London, because of the Bulletin, the Roster, the addressograph, the files, and the fact that the main language of the Association must be English.

Moving the whole of the office machinery every time new officers are appointed would hardly be practicable and in any case too expensive. On the other hand, the accidental character of the relationship between the Institute of Psycho-Analysis and the I.P.A. in this connexion did not allow for an expansion of the office on a permanent basis without reorganization and a greater involvement of other members of the existing staff. Nevertheless, the aforementioned expansion has become inevitable if the Association is to be allowed to grow according to the present-day needs of the Membership.

The increase in the volume of work at the office in the past term, notwithstanding the primitive and oftentimes improvised circumstances in which it had to be performed, and the lack of necessary personnel during considerable stretches of time, clearly shows the need for reorganization.

In view of the above, careful consideration has been given to the question of establishing a permanent office in London, and comprehensive discussions took place throughout the term with several officers of the Association, the Deputy President of the British Society and the senior staff of the Institute of Psycho-Analysis.

These deliberations have resulted in a definite plan which was announced to the Membership in Newsletter Vol. 1. No. 5. pages 2 and 3.

The precise details of the arrangements will be determined by the Council.

This plan is now presented to the Business Meeting in the form of a resolution which, if passed by a majority vote, will be regarded as binding on the Association. The wording of the resolution is:

"A permanent office of the Association will be established in London. The precise details of the arrangements will be determined by the Council".

Dr P. J. Van der Leeuw: Any comments on this resolution? (No comments.) Then I will put it to vote. (Showing of cards.) (Majority in favour.) It is passed as a binding resolution.

Dr P. J. Van der Leeuw: Now we proceed to item 3 (b) (ii).

Dr Montessori: This is the application for Provisional Society Status by the Finnish Study Group. In accordance with Statute 6, Clauses (a) (iii) and (c), formal application has been received by the Council for Provisional Society Status by the Finnish Study Group. After careful study of all the relevant reports, the Council recommends the admission of

the Finnish Study Group to Provisional Society Status.

Dr P. J. Van der Leeuw: Are there any comments on this point? (No comments.) Then I put it to vote. (Vote taken.) That is accepted. (Applause.) I wish especially to welcome our Finnish colleagues to their new position. At the same time I wish to say a few words to the Sponsoring Committee of the Finnish Study Group, being Dr Winnicott (Chairman) Miss King (Secretary) and Dr Wride from England, Dr Sjovall from Sweden, Dr Vanggaard from Denmark. I wish to thank these colleagues for their untiring and very good work which they have done in co-operation with the Finnish colleagues. In these new developments within our Association a great responsibility rests on the Sponsoring Committee, and it asks from its members much energy and many other things. I thank them very much for their achievements. (Applause.) We proceed to point (iii): Applications for Study Group Status.

Dr Montessori: The application for Study Group Status by the Australian Group is first. Formal application for Study Group Status has been received from Dr Southwood, President of the Australian Society of Psychoanalysts, which operates under the aegis of the British Society on behalf of its Members. The application is seconded by the British Society. We have published this in Newsletter Vol. 1. No. 6. page 7.

The full documentation, including a report on the Australian situation by the British Society, has been submitted to the Council. It has been requested that the sponsoring be by the Council.

The Australian Group complies with the requirements stipulated in Statute 6 (a) (iv), and has, therefore, been accepted by the Council.

Dr P. J. Van der Leeuw: This is only an announcement to the Meeting. The decision was within the jurisdiction of the Council.

As we have done in previous years with other such situations, we will appoint an International Sponsoring Committee to sponsor the further development of the Australians. This Sponsoring Committee will be nominated later, after careful consideration with the persons who must be consulted.

Dr Montessori: Then there is the formal application for Study Group Status received from Dr Alvim, Vice-President of the Luso-Spanish Society, on behalf of its Portuguese Members, who will remain members of the aforementioned Society as long as necessary.

Full documentation concerning this application has been submitted to the Council. The Portuguese Group complies with the requirements stipulated in Statute 6 (a) (iv) and has therefore been accepted by the Council.

Dr P. J. Van der Leeuw: The situation is similar to that concerning the Australians. This is a mere announcement to the meeting that the Council has decided to grant Study Group Status to the Portuguese

Group, and here also a Sponsoring Committee will be appointed on an international level to sponsor the further development of this group. Now to the next point.

Dr Montessori: That is point 3 (b) (iv) on the Agenda; change of name of the Luso-Spanish Psycho-Analytical Society. A formal request has been received from the President of the Society, Dr P. Bofill. This is a mere formality resulting from the motion indicated in the preceding item of the Agenda and has accordingly been approved by the Council. So it is just an announcement. The name is changed to Spanish Psycho-Analytical Society (instead of Luso-Spanish Psycho-Analytical Society).

Dr P. J. Van der Leeuw: Any comments on this? (No comments.)

Dr Montessori: Next is an item which is not on the Agenda. This is most irregular. I must apologise for this; it has been caused by the hectic way in which we have had to work since Sunday. The final Agenda for this meeting could only be composed after a meeting of the Executive Council at which the whole business of the Association during the past 2-year period had been discussed, involving an Agenda with 23 items. We had no time to deal properly with the Minutes, so that this point escaped my attention for the moment. However, it concerns something which is well known to you, having been properly announced to the Membership in the last Newsletter. It concerns the Congress Number of the International Journal of Psycho-Analysis, which actually is only an item for discussion and an exchange of ideas, and to decide on the principle of the thing. It has been published in Vol. 1. No. 6. pages 4 and 6 and is now brought forward for discussion.

The International Journal has traditionally published a special Congress number containing the papers read at each Congress. In recent years there have been difficulties from a variety of sources. For instance, important papers have been sent to other Journals; or so much material was received that only a selection could be published.

To obviate these difficulties, and to provide a complete record of papers read, the Council of the International Psycho-Analytical Association, after discussing the matter with the Publications Committee of the British Institute, proposes the following arrangements: Every two years the International Journal would publish a special Congress issue. This biennial issue would appear as a fifth part of the Journal. No costs will be charged to the I.P.A. if the limit of 300 pages is not exceeded beyond a certain margin for flexibility. This means that the I.P.A. would have for the Congress papers an extra number of the Journal free. The size suggested has proved adequate in terms of space for the last few Congresses. A major paper which takes 50 minutes to read has, as a rule, 6,000 words. A useful figure on which to calculate allotted space is to allow 750 words to the page. Such an article would, therefore, take 8 pages.

With a balanced distribution 300 pages should be enough to cover the whole Congress. The policy concerning this publication would be determined and announced by the I.P.A. after consultation with the Programme Committee which would be responsible for the edition.

Because of his legal responsibility for whatever is published in the Journal, its Editor, would have to look at each paper from the Journal's point of view, but he would, otherwise, abide by the above policy. Any question about publishing raised by the Editor would be dealt with in consultation with the Programme Committee. This project would in all aspects be a joint enterprise of the I.P.A. and the Journal.

In considering its realization, agreement has been reached on the following points: The Programme Committee would be responsible for selection of the material and for the decision whether a given contribution should be published in full, in outline, or not at all. The Congress issue should be presented as a comprehensive publication of what has been contributed on the occasion. The procedure followed by the Programme Committee should be made known beforehand. Prospective contributors should receive clear-cut instructions by which they should abide if they wish to take part in the scientific activities of an International Congress.

The following conditions should be included: If a paper is accepted by a Programme Committee it should be automatically understood that the Programme Committee has first rights of publication. The Programme Committee should reserve the right of deciding whether a paper will be included or not, or asking the contributor to furnish a summary not exceeding a certain limit of words for publication.

The final plan for the Congress issue should be established in collaboration with the Editor of the Journal. With his permission the papers thus published could then also appear in foreign psycho-analytical journals in a language other than English. If the pattern of a particular Congress required some other arrangements then the Editor and his colleagues would try, with the Programme Committee, to evolve an appropriate form for the Congress number.

This is the plan as far as it has developed and which is now brought for discussion to the Business Meeting.

Dr P. J. Van der Leeuw: Is there anyone who wishes to comment on this proposal?

Dr Rollman-Branch (U.S.A.): As long as a change in policy or a definition of policy for the publication of papers presented at the International Congress is envisaged, I would like to bring to your attention something that was discussed at the occasion of the last Latin and Pan American Meetings. Namely, the possibility that at least summaries of all papers would be added in the other three languages which are official languages of the International Congress, so that our colleagues who do not speak English at least have an idea of what the paper contains. (Applause.)

Dr Paula Heimann (U.K.): I have a question concerning what has now become a standing feature of the Congress, namely the Pre-Congress on Training. I think in order to give a representative picture of what happened at the Congress the papers relating to the Pre-Congress on Training also should be published in the International Journal. (Applause.)

Dr Luis Feder (Mexico): I would like the Organizing Committee in selecting papers for the Congress to consider the following: to accept that there are definite and well established theoretical differences within the body of psychoanalysis. It represents different facets; there are those differences; and I would recommend that you consider in appointing a selection committee that these points of view should be more or less represented, so that an adequate selection will be made without giving rise to the possibility, although this might not exist, that there could be some regional, theoretical partialities. (Applause.)

Dr Van der Leeuw: Does anyone else wish to comment on this?

Dr Sutherland (U.K.), Editor of the International Journal of Psycho-Analysis. (Applause.) You have no idea how that relieves me after the feelings that were expressed following the publication of the last Congress number. I do wish to apologise to all the many members who sent papers, but I do hope you could sympathise with our difficulties and that what we have welcomed so much out of this ill wind, as it were, is that a positive policy has emerged, where the Journal will work with the Programme Committee, whereas in the past, with the lack of a policy, we have frequently been in an extremely difficult position. It is a tremendous relief to the Editorial group in London to have a policy.

On the points mentioned, I would suggest that decisions on these, again, would be a matter for discussion with the Programme Committee and the Editor, but on our side we are only too eager to publish what the members would like. (Applause.)

Dr Geleerd (U.S.A.): I have two questions. One is that if a paper has to be reduced to a certain number of pages an author may not be able to express clearly enough what the paper is about. This has been experienced in relation to several papers where, in the discussion, several things were clarified which gave different aspects to the paper. I wonder, therefore, whether the author may not have something to say as to whether he wants to publish the paper in this form, or whether he would like to submit it in a different form and it maybe may not be included in the issue you are proposing.

Dr Zetzel: I would like to speak on this point because I think it does give rise to a scientific question i.e. that in keeping to the 2,500 words some of us found ourselves having to reduce papers really to a skeleton and the question is, should we publish them in this skeleton form, when the full paper would have little illustrations and so forth, and if so, will

the Editor of the Journal give the authors the right to republish the same paper in a fuller form elsewhere, if he allows it to be published as given at the Congress in the 2,500 word form. I think that may be several people found themselves in the position of really condensing to a point that led to some lack of clarity.

Dr Montessori: Dr Sutherland can correct me if I did not understand this point rightly in our preliminary discussions on this point, but I thought that there would be no objection to republishing a paper in a more extensive form somewhere else.

Dr Sutherland (U.K.): There would certainly be no objection whatsoever from the Journal's point of view. In fact, strictly speaking, the Journal has no rights in this matter. The author has the freedom; the copyright is the author's. Although it says on the Journal that the copyright belongs to the Journal, in law the copyright *always* belongs to the author. But from the point of view of the Journal, our wish is to maximise the communications of psychoanalytic thinking, so that we certainly have no objections. (Applause.)

Dr P. J. Van der Leeuw: Does any other colleague wish to comment on this issue?

Dr Beres (U.S.A.): My comment is an invitation. In view of the statements that have just been made I have been asked by the Editor of the Psychoanalytic Quarterly, which is the one Journal, I believe, in psychoanalysis not affiliated with any organization and free to publish papers from all areas, that there is a great interest and desire that authors who work in different countries and different languages, submit papers to the Psychoanalytic Quarterly for inclusion. We are very anxious to bring together the thoughts on psychoanalysis that come from different areas, different theoretical frameworks and so on. So that if you want to publish papers in English, which will reach a rather large audience, you are invited to submit such papers to the Psychoanalytic Quarterly. (Applause.)

Dr Van der Leeuw: Any further comments?

Dr Schur (U.S.A.): In connexion with Dr Beres's statement, I would like to add that the Editorial Board of the Journal of the American Association has formed a Committee which will report regularly about certain publications done in foreign languages. It will be, therefore, of great interest to the Journal if people who publish papers in other languages would contact the Journal of the American Association, especially the Chairman, Dr Kohut, in order to facilitate such publication in the Journal of the American Association.

Dr Lampl-de Groot: I should like to take up the point of Dr Sutherland. We have already preliminarily considered the situation. Many speakers would like to give a full paper for publication. I think it is a good idea that all of the papers read at the Congress should be published in the International Journal, because it gives a comprehensive view of what has been going on. The difficulty is only a

financial one. The Journal is kind enough to offer us a free copy of some 300 pages. If contributors want to enlarge the spoken paper and want to have it published in the larger form the International only has to pay additionally. We have not yet been able to reach a definite conclusion but we are willing to consider it. I think the International would be willing to pay for additional pages, so that it does not need to be such a very difficult problem. Everybody who wants to give extended versions should do so and we will try to do our best to have them published in the way the authors want them to be published. (Applause.)

Dr Kohut: Since Dr Schur has briefly mentioned the new policy of the official Journal of the American Psychoanalytic Association, and has mentioned that I am the Chairman of a Sub-Committee of the Editorial Board working with these new policies, I would like to tell you in just a few words what this is all about, since otherwise your curiosity has just been whetted without you being given any answers to your questions.

We are at present planning to include three different new activities among the activities of the Journal. *Firstly* we are in the process of appointing a number of people who will scan, i.e. examine the literature not published in the English language, trying to pick out the most important and the most interesting papers for American and English speaking readers in general. They will then, with the author's permission, translate, and publish in translation, some of the most interesting current articles in languages other than English in the Journal of the American Psychoanalytic Association. *Secondly* we will, from time to time, organize review articles, that is in our book section, articles that will report on a particular language area other than English, discuss the very best and the most interesting publications, let us say over a five year span. *Thirdly* we will write, from time to time, survey articles concerning the history and the development, main line of thoughts discussed in a variety of language and regional areas other than the English speaking areas. In this line of view I can tell you that I have already practically come to the conclusion with one author, I will not tell you who at the moment, to write a history of psychoanalysis in the Scandinavian countries during the last 25 years, so this should be a good beginning. And other articles I think will follow.

All this is, of course, to build bridges between analysts of various language areas. (Applause.)

Dr P. J. Van der Leeuw: Does anyone else wish to make any remarks? (No comments.) Then I think I can close the discussion. I feel that you all agree to the main important principle which is that the International Association takes responsibility for the publishing of the Congress number of the International Journal. All your comments will be taken into careful consideration by the Programme Committee which will be the agency to take decisions.

Now we come to the next point. The recommendation for an increase in the Annual Subscription to \$20. This point will be open to discussion after the next item, the Treasurer's Report, has been submitted to you and commented on.

4. Treasurer's Report.

Dr Arlow: Mr President, Ladies and Gentlemen, the fiscal period of the International Psycho-Analytical Association is a 2-year period and it runs from 1 July, 1965 to 30 June, 1967. The books have been audited as of 30 June, 1967, copy of the audit is in the hands of the Secretary, and those Members who wish to examine the audit are invited to do so. The main features of our fiscal experience are the following.

The total income from dues over this 2-year period was \$19,102. The total expenses over this 2-year period was \$21,575.70. This left a net operating deficit of \$2,473. Fortunately for us the last Congress of the International Psycho-Analytical Association, held in Amsterdam, was financially successful, yielding a profit of over \$10,000. Accordingly, as of 30 June, 1967, at the time that the books of the Association closed for this fiscal period for audit, cash on hand was \$34,152.61. This represents an increase in the balance of about \$11,000 over the past fiscal period; so that the increase was entirely the result of the profit of the previous Congress as well as the fact that several Societies as a result of urging on the part of the Treasurer just before this meeting, not only paid their dues for the past fiscal period, but also sent in the dues for the coming period.

This is, then, the state of the Treasury as it stands now. There are other elements which you will require to know about such as the increase of dues. First are there any questions about the audit as such?

Dr P. J. Van der Leeuw: Are there any questions to be asked about the Treasurer's Report? (No questions.) It is approved. Dr Arlow, please continue with your comments.

Dr Arlow: I would like to give you some of the thinking, which you may find useful, concerning decisions about the proposed increase of dues; these ideas pertain to the present operation of the International Psycho-Analytical Association as well as to certain policies and problems which have to be thought out in connexion with future events. The International Psycho-Analytical Association, like most non-profit professional organizations, operates on a cash basis. This means that money has to be available whenever particular needs arise. It is important, therefore, that the Treasury should, at all times, have sufficient funds to meet all the operating expenses of the Association.

Customary financial practice, followed by most non-profit organizations, is to have on hand at all times, as a reserve, a sum of money equivalent to all the expenditure anticipated during the fiscal periods of the organization. Since the International Psycho-

Analytical Association functions on a biennial basis, we should set aside a reserve equivalent to two years operating costs of the Association. Just one dramatic element to underline this consideration. We have to be prepared for emergencies. Had the recent crisis in the Middle East, for example, continued for five or six more weeks, we perhaps would have had an entirely different experience at our Congress as far as attendance and participation are concerned and might have been faced by a tremendous financial loss.

Our experience shows, furthermore, that every two years we have been spending between \$17,000 and \$20,000 and that this has been increasing steadily. This undoubtedly will be increased at a very sharp rate in the years ahead in connexion with the expansion of the activities of the Executive Council which I will mention shortly. Therefore it seems that a fund of \$25,000 would be an absolute minimal sum to set aside as a reserve for contingencies in the Association. An additional fund should be held in reserve for the purposes of the Congress. I read to you in our current fiscal report very heartening figures of a substantial profit from the previous Congress. This, of course, has to be set aside by the experience of the Congress preceding that one. At that Congress we lost just about as much money as we made on the Amsterdam Congress. Accordingly, a reserve sum of \$8,000 added to the \$25,000 already proposed should be allotted for reserve.

Also, operating costs in general, all other conditions being equal as far as the programme of activities are concerned, tend to rise in all fields at the rate of about 3 per cent or 4 per cent. Thus, during the past two years we have had a similar increase above and beyond our usual experience. First let me say that if we review the considerations they fall under six headings. *First:* that a reserve fund is required. *Second:* that we anticipate a regular increase in expenses. *Third:* that we have to plan for new responsibilities of the Executive Council, especially the President and the Secretary; this covers expenses involved in travelling, covers expenses involved in Sponsoring Committees, for new Societies, for new training facilities, it also covers a new item which has been added to our experience and that is the cost of the Pre-Congress meetings. *Fourth:* there will shortly be established an office in London; we have been operating economically under the guardianship and goodwill of the British Psycho-Analytical Society, but as our activities expand, it will no longer be possible to operate in the same way and we shall have to take a greater burden of the expense on ourselves. *Fifth:* shortly we anticipate the appointment of a full time Executive Secretary because the work of the Honorary Secretary has become overwhelming. *Sixth* and finally: other communications, the publishing of the Roster, the Newsletters etc. will represent a constantly increasing element in our budget.

Accordingly, the Honorary Secretary and I projected an estimated budget for our next fiscal year and we anticipate that our costs over the next fiscal year will be almost double what we have spent in the past two years. Namely something in the sum of \$40,000. It was on the basis of these considerations that the Executive Council proposed an increase in the dues and set the figure at \$20 per year per Member.

Dr P. J. Van der Leeuw: Thank you Dr Arlow. Is there anyone who wishes to comment on this point?

Dr Vanggaard: Dr Arlow told you about the profit that the Amsterdam Congress made and I would just caution against counting on such profits. While we had a reasonable profit at the 1959 Congress in this country, at the present Congress here, Dr Linnemann tells me, there would be roughly a balance, maybe a small profit or maybe a small loss but nothing very significant. But there will be no profit to count on like the last one. There are various reasons which are immaterial at the moment.

Misa Freud: I would like to speak too on this point, after a long discussion we had about it in the Central Executive, a discussion guided by the fear that we might shock the Membership by such an increase in dues. I speak here not only from my experience in the Executive Council but also from former experience as an Honorary Secretary of the International Association. A fact which now lies about 35 years in the past. I can assure you that at that time the business of the Association was more a burden than the honour that is expressed in the title of the Secretary. Since then it has doubled from year to year. By now, after 35 years, the amount of work to be done has increased to an astronomical figure.

I think the Business Meeting of the Association would be wrong to judge this amount by the summarized extract put before you in this Meeting. In the meetings of the Council we also only have an extract of it but a considerable one. But the large amount is what is being done between Congresses, between Business Meetings, between the Meetings of the Executive Council. I can assure you that this is formidable. And formidable work costs money, in secretarial expenses, in travelling expenses, in help extended where it is necessary.

It seems to me, for example, quite wrong that from year to year or from Congress to Congress we always burden two of our colleagues to the detriment of their scientific work at the same time. I foresee that in the very near future the International Association will need a permanent paid official such as other organizations have, to relieve the President and Secretary of part of their burden.

It does not seem unreasonable to me that the yearly cost of this Association, if it is an Association that we want to function well, should take away from every member after all not more than the cost of an expensive entertainment or even the cost of some expensive meal.

There was also the proposal before the Council that the increase in dues should be a gradual one. Perhaps to \$10 now, \$15 at the next Congress and \$20 later on. But we have had such bad examples before us in recent years of never ending territorial claims; and we did not want to establish in this Association never-ending financial claims. We thought it would be better to make them all at once. (Applause.)

Dr Zetzel: As the past Secretary of the Association, I can speak with some vehemence as to the amount of burden which the Secretary has to carry. I was very fortunate during my period because the secretary in the London Office, who had to withdraw right after the last Congress, was an extremely experienced and able Executive Secretary without whom I could not have got through the work that I was able to do. This administration has had a much harder time because they had to start from scratch with inexperienced secretaries and this was one of the considerations we had in mind in feeling that there should be a permanent Executive Secretary who would carry over from one administration to the other so that our elected Secretary would not have to face an entirely new task without some support from somebody who is familiar with what is going on. This is in keeping with the organization of the American and with the organization of almost all the larger institutes of psychoanalysis.

Dr Elssler: There can be no doubt that an increase in Membership fees is necessary and in view of the great burdens and functions which are now carried out some of us may even have the feeling that the increase is not so formidable and we might have expected a larger one.

But I cannot let the situation pass without thinking of those members who are living in countries in which this would create a real burden. Has any provision been made to avoid that? If so my remark will not be needed.

Dr Arlow: I would like to respond to that. It has been the policy and practice of the Council and the Treasurer to suspend the request for payment of dues in such instances and there are other circumstances where the very tendering of a notice to pay the dues can be embarrassing and in those cases we do not even send bills.

(Moved by Dr Briehl and seconded by Dr Riivo that this item of the Agenda be put to the vote.)

Dr P. J. Van der Leeuw: All those in favour of the proposed increase in the dues? (Carried unanimously.) Thank you, resolution passed.

5. Election of President, Vice-Presidents and Treasurer

Dr P. J. Van der Leeuw: Before we start with the elections, I would make a few remarks. Firstly, the counting of the votes will be done by a group of members of the Danish Society headed by Dr Linnemann. As you know the maximum votes you can make are eight for Vice-Presidents.

I would also like to say a few words of my own before we start with the elections. I am not sufficiently master of the English language in all its subtleties to prevent all misunderstanding, but I must still take a chance and try to express that which seems to me to be very important. Namely that people can vote where they are informed and make choices where they have real preferences. What should be avoided, however, is random voting. I want to ensure that the result is just and without the influence of chance as much as possible.

And now I will ask Dr Hartmann to take the Chair.

Dr Hartmann: The next item on the Agenda is the election of the President. You know that we used to re-elect the President unless there was some untoward difficulty and so the President will be Dr P. J. Van der Leeuw if you so wish. (Applause.) My congratulations to the President.

Dr P. J. Van der Leeuw: I wish to thank you very much for your confidence, and especially for your support during my term of office. Thank you.

And now we will proceed to election of the Treasurer. As only Dr Kenneth Calder from U.S.A. has been nominated I declare him elected as Treasurer of the Association. (Applause.)

Now we will proceed with the voting for Vice-Presidents. Only those who have a blue card, full members, can vote for Vice-Presidents. Not more than eight may be voted for. (Later.) Here are the names of those who have been elected: Miss Anna Freud, Dr William Gillespie, Dr Jacob Arlow, Dr Leon Grinberg, Dr Heinz Kohut, Dr Serge Lebovici, Dr Leo Rangell, and Dr Thorkil Vanggaard. (Applause.)

I first wish to congratulate the colleagues elected to the Council and I will now say a few words to those members who are leaving. I would thank them all very much for the work they have done, sometimes during long, long years, to support the International Psycho-Analytical Association and I hope that we can co-operate with them in the future to further the development of our science. (Applause.)

6. *Nomination by President of Secretary and Associate Secretaries.*

Dr P. J. Van der Leeuw: I am asking your approval to renominate as Secretary Dr Montessori, who, in a very efficient way, has supported me during this term of office; without our team-work we could not have done it. (Applause.)

Now I should like to ask your approval to renominate Dr Valenstein as Associate Secretary for the American Psychoanalytic Association and Dr Gonzales for the Latin-Americans. As Miss King does not wish to be nominated again I wish to thank her now for the very valuable help she has given us during our term of office. (Applause.) As long as the Presidency is in Europe her place will remain vacant.

Dr Diatkine (Paris): I apologise for interrupting your debate at this point. I will tell you that I add my congratulations to all those who have been elected, but personally I must say that to see Dr Sacha Nacht disappear from the Council affects me very much.

Those who live far from Europe and France perhaps could not put a proper value on all the work of our colleague and the debt we owe him in France and in the neighbouring countries.

I would ask you if it is possible to propose that Dr Sacha Nacht become a Hon. Vice-President of the International Psycho-Analytical Association. (Applause.)

Dr P. J. Van der Leeuw: I highly appreciate Dr Diatkine's suggestion but it is only the Council who can nominate for Honorary Officers, it cannot be done from the floor. It will be noted in the minutes.

7. *Proposed Amendments to the Constitution and Byelaws. Proposed in accordance with the Constitution, Article 9, and published in the 129th Bulletin of the Association.*

Dr Montessori: As we have already seen, parts of the amendments which have been published in the Bulletin have already been presented to you as Binding Resolutions, so that there have been some changes. I will tell you what has happened to the rest before we proceed to the voting.

With regard to the proposed amendments to Statute 5 (a) (vi) and to Byelaw 5 (d), the Council has decided not to offer them to the membership, considering them to need further study. In view of this action these amendments are left in abeyance for further consideration by the next Council.

With regard to the proposed amendment to Byelaw 5 (a), the Council has decided to reduce the number of full members of the Association needed to propose nominations from 25 to 10. Elsewhere in the Constitution the number 10 is already mentioned as the necessary number of members to propose amendments to the Constitution.

With regard to Byelaw 7 (e), the Council has decided that the sentence that starts, "In the event of a tie, the Secretary shall have a second and deciding vote", the words "second and" shall be deleted to read, "In the event of a tie, the Secretary shall have a deciding vote." So it means that the Secretary shall not have a vote the first time, but if the voting of other members results in a tie, he shall have the deciding vote. This was a Binding Resolution at the last Congress.

The remaining amendments have been left unchanged.

The first amendment has been endorsed by the Council and is offered for voting.

"It is proposed that the term Secretary shall be substituted for the term Honorary Secretary wherever it occurs in the Statutes and Byelaws." This has been proposed by the Council.

Dr P. J. Van der Leeuw: I put it to the vote. (Passed unanimously.)

Dr Montessori: The second amendment concerns Statute 5 (a) (v) "Transfer of Residence and Membership", be amended to read as follows:

"If a Member or Associate Member of the Association shall transfer residence to an area in which he is not eligible for membership of the appropriate local Component Organization of the Association, he may retain membership of the Association by reason of his continued membership of his former Component Organization of the Association. If, however, a Member or Associate Member wishes to belong to more than one Component Organization of the Association, he must inform the Secretary of the Association through which Component Organization he wishes to hold Membership of the Association. This information shall be included in the Roster of the Association."

So it doesn't exclude dual membership, but it proposes that with regard to the I.P.A. one of the Component Organizations will be chosen as that through which membership of the I.P.A. will be held.

Dr P. J. Van der Leeuw: I put it to the vote, who is in favour? Who is opposed? (Passed unanimously.)

Dr Montessori: The third amendment, as I told you before, has been left out.

As for the next amendment, proposed to Statute 8, the second part of the amendment has already been passed as a binding resolution. The first part, however, also contains an amendment, which reads:

"The exact number of Council Members to be elected shall be decided by the Council, prior to the beginning of the Congress, and announced on the first day of the Congress." This is just a clarification of an existing Statute; it was not mentioned how the exact number would be announced to the membership.

Dr P. J. Van der Leeuw: I put it to the vote. (Passed unanimously.)

Dr Montessori: Then we have the proposed amendment to Statute 9 which reads (I am reading only the amendment proper):

"In addition, all such proposed Amendments shall have been posted to Component Organizations and Direct Members of the Association by 1 January of the year in which the Business Meeting is due to take place, and the Component Organizations shall communicate them to all their Members who are also Members of the Association." This was passed as a binding resolution at the Amsterdam Congress.

Dr P. J. Van der Leeuw: Those in favour? Those against? (Passed unanimously.)

Dr Montessori: The next proposed amendment is to Statute 9 (d) "The Communication of Changes in the Statutes and Byelaws". It is proposed to be added to Statute 9 Clause (d).

"(d) All Resolutions and Amendments to the Constitution and Byelaws passed by a Business Meeting shall be posted to all Component Organizations for communication to their Association

membership, or to Direct Members of the Association, within four months after the Business Meeting has taken place. The full proceedings of the Business Meeting shall later be published in the Bulletin of the Association, according to statutory requirements."

Also this amendment was passed as a binding resolution at the last Congress.

Dr P. J. Van der Leeuw: I now put it to vote, who is in favour? Who is opposed? (Passed unanimously.)

Dr Montessori: The next is a proposed amendment to Byelaw 4, Clause (d) (i) (ii) and (iii), "The term *proposed* resolution be substituted for *pending* resolution". This is a simple correction of language. It should be "proposed" instead of "pending".

Dr P. J. Van der Leeuw: I put it to vote. (Passed unanimously.)

Dr Montessori: Now, the next is a proposed amendment to Byelaw 5 Clause (a), which should read as follows:

"(a) President, Treasurer and Council Members: Nominations shall be proposed either by:

(i) At least ten (10) full members of the Association, or by:

(ii) A Nominating Committee appointed by the Council to make nominations on its behalf."

Dr P. J. Van der Leeuw: I put it to the vote. Who is in favour? Opposed? (Passed unanimously.)

Dr Montessori: The next proposed amendment to Byelaw 5 has been dropped, as I mentioned before.

The next amendment to Byelaw 7 has already been offered to you as a binding resolution.

Then we have the last amendment which was offered to you as a binding resolution at the Amsterdam Congress and which remains in the same wording except for the two words which I mentioned before, which should be deleted, thus giving the Secretary a single vote only, to be used as a deciding vote in the event of a tie.

Dr P. J. Van der Leeuw: I put it to vote. (Passed unanimously.)

We have now finished this part of the Agenda and we thank you for your co-operation.

8. Place of the next Congress.

Dr Montessori: Already at the Amsterdam Congress, Professor Servadio (Italy) has suggested that the Association might have its Congress of 1969, the 26th Congress, in Rome. This invitation has been formally confirmed by him in answer to the circular letter to the Component Organizations requesting suggestions in this connexion, so this invitation stands.

Then Dr Diatkine, President of the Paris Society, informed me yesterday that this is also the case with regard to Paris. The situation is that Dr Nacht proposed this at the Edinburgh Congress and his invitation was repeated by Mme Kestemberg, at that time Secretary of the Paris Society, in a letter of March, 1965 to Dr Zetzel, who was then Honorary Secretary of the Association. And it has again been confirmed by Dr Diatkine.

So there are two official invitations.

Dr P. J. Van der Leeuw: I would like to state at the start of the discussion that the Executive Council wishes to know the opinion of the membership on this point. There will be no voting, we need careful consideration and we would first like to know your ideas on this topic. May I ask who wishes to say something?

Prof. Servadio (Italy): Mr President, and Colleagues. During the last Congress in Amsterdam I made it officially known, as President of the Italian Psycho-Analytical Society, that the Italian Society would suggest Rome as the place of the 1969 International Psycho-Analytical Congress. I also pointed out that the Council Members of the Italian Society were unanimous about the issue; that so were all the other members. This proposal was greeted with much interest by many non-Italian colleagues and many of them who are now attending this Congress have again expressed their approval, and some of them, if I may say so, their enthusiasm.

I know very well that there is no-one in this audience who does not appreciate the charm and the beauty of Rome, and who is not aware of the unique enjoyments that Rome can offer. I also know, however, that some of you may hesitate, thinking of the season in which our Congresses take place, of the warm Italian summers. Well, it would be silly on my part to deny what the thermometer shows. However, please let me remind you that if a Congress should take place in Rome all the sessions, plenary or otherwise, could be held in cool air-conditioned premises. That many hundreds of participants could be accommodated in fully air-conditioned hotels, and that whatever the temperature in the day time, the summer evenings in Rome are usually pleasant because of the famous west breeze which is one of its features. (Applause.)

If you think of all this, I feel confident that for the vast majority of you, the idea of meeting for some days in the Italian capital will finally prevail.

As for the Italian Society, you may rest assured that we would make every possible effort in order that your sojourn would be pleasant, comfortable and altogether enchanting.

May I submit that the President ask you to manifest your feelings about the Italian Society's proposal. And may I express the hope that your opinion will be in favour of making this event possible. That the Italian city may welcome the participants of the 26th International Congress of Psycho-Analysis with all the fascination of its imperishable splendour.

Dr Diatkine (Paris): I am in a very difficult position because the proposal of my friend Prof. Servadio concerns me personally very much. He knows how much I love Rome, we all like the Italian countryside.

I am very concerned that the proposition of Paris should not be considered as a rival proposition to that of our Italian friends. We would just like to remind you that for several Congresses we have invited you to Paris.

Talking of Paris, the rather unusual situation is that there are two Societies. This is an original situation and we wish to show we are capable of dealing with any problems and to resolve them well.

I would particularly like our Italian friends not to think that we wish to be at cross purposes with them on any subject. We personally would very much like to go to Rome and we would, even more, like to receive you in Paris.

Dr Eissler (U.S.A.): I would certainly be enthusiastic about Rome as the next place of gathering. There is only one remark I would like to make which is that some of our very important members might not be able to come because of the climate in Rome. I would suggest that we leave it up to the President to make the final choice in conjunction with the Executive Council, considering all the factors involved, the pleasure and some more serious considerations such as whether we would get, in Rome, all the members we would want to see.

Dr Segal (U.K.): I think my French colleagues know well enough my attachment and allegiance to France to know that what I have to say has nothing to do with any anti-French sentiments.

I wanted to say two things. One is that we have had a Congress in Paris, which was delightful, and I hope we will have one in the future. But I am very much in favour of having this one in Rome because it would be the first one and I think it would be both a new experience for us and an encouragement to our Italian colleagues. I think that we should have our Congresses in as many places as possible and not get into a rut of its always being one of two or three capitals.

Concerning the weather: it has been my experience, however much I love Paris, that Paris in August can be just as hot as Rome.

Dr Vanggaard (Denmark): I would just say that although I love Paris very much, I am also in favour of Rome. I am one of those who have tried being in Rome towards the end of July and when we arrived on a very hot day, we nearly took the plane back again. However, we did not, and then we enjoyed the stay in Rome very much in spite of the heat. I do not think the heat is prohibitive. (Applause.)

Dr Marcel Heiman (U.S.A.): I think it would be extremely unfair to exclude some members from participating because of the climate of the city where the Congress will be held. On the other hand there is a possibility that the concern about the climate is somewhat antiquated. We are now making our own climate: to be air-conditioned during the day and having the pleasant breeze at night I think is a fair compromise.

To be fought over by two cities such as Paris and Rome is nothing but a most fortunate position to be in.

If you have not yet realized what I am saying, I am going to say it directly—I think it would be a wonderful idea to have the next Congress

in Rome, and I will tell you why. Communications are fast, accommodation is pleasant, the city is hospitable and if we make this venturesome step to go to Rome the next time who knows where we will meet after that—only Dr Winnik and I. I am for Rome.

Dr de Saussure (Switzerland): I am in an embarrassing situation having many friends in Paris and in Rome; but I think that Paris has already had, once or twice, the International Congress, while Rome has not.

While it is perfectly true that collaboration between two Societies in France is a good thing, I think it would be extremely useful if the Italians could meet and have a greater unity thanks to the fact of collaboration in receiving the next Congress. I am in favour of Rome.

Dr Parin (Switzerland): I would like to speak in favour of Rome. First because of the fact that Paris had a Congress just before the second World War and in 1957, and Rome has not as yet.

I would like to add a scientific point on climatology. I think that temperature by itself does not matter very much, but humidity coupled with temperature does. Before leaving Zurich I took the opportunity to look in a geographical Lexicon at the average humidity during the summer in Rome which seems to be below that of Paris.

Dr Paula Heinmann (U.K.): I want to say that I have been to Rome practically only in August and it was very hot at times and not very hot at other times.

It occurs to me that there is a relatively simple solution with regard to the heat. First of all we could all start early and have a long siesta. (Applause.) This is the usual thing and one has to be a Roman with the Romans; in all hot countries life starts early and there is a long siesta. Secondly, I would suggest that the Congress hires, nearby the Congress hall, a hotel with rest rooms which are to be set aside for those members who are particularly prone to suffer from the heat, so that they could have their siesta very near the hall in which the lectures and discussions take place. These people, then, would be protected by going straight from the air conditioned rooms to a place where they can have their lunch and rest. I would emphasize that these rooms should indeed be set aside for those for whom otherwise Rome would be rather a deterrent because of the heat.

Dr Marie Langer (Argentine): I have been talking with other Latin-American colleagues during the last few days and they all agree that Rome would be wonderful.

We have very much experience in working in hot seasons in Latin-America and it is no problem, it is easy to solve it.

Dr P. J. Van der Leeuw: There are many people who have asked to discuss this point, but could you agree that the meaning of the meeting is quite clear, there is a great preference for Rome. (Applause.) I

would like to ask for a show of hands. (A greater show of hands for Rome than for Paris). I think we have our impression and we will discuss it in the Council.

May I now ask Dr Eissler to present the Freud Archives Report.

9. Freud Archives Report.

Dr Eissler: Those who were at previous Congresses may recall that I tried to shorten my report about the Archives usually to a few sentences only and perhaps you will allow that I have earned some credit by being so short in previous Congresses and permit me to spend a few more minutes this time, because I have to tell you a few things which might be of interest to you.

First of all, our financial situation is not yet in excellent shape, but tolerable because quite a few Societies in the United States have sent us more or less regular contributions. Our collection of letters has increased and you may recall that the Library of Congress is ready to accept not only documents that refer to Freud but also to our more prominent colleagues and students of his. I am glad to be able to tell you that the Library of Congress has already partly acquired the complete literary estate of Dr Brill and Dr David Rapaport. The collection of Dr Brill's will be a particularly important contribution to the study of the history of psychoanalysis in the United States because he really collected practically everything that can be collected and his son was generous enough to donate it to the Archives. The literary estate of Dr Rapaport is also very important because he was in correspondence with almost all writing analysts in the United States and exchanged his thoughts with them. A collection has been received from the estate of the late Dr Maxwell Gitelson.

What might be of even greater interest to you is that three former patients of Freud have been discovered. The first one did not answer the two letters that I wrote; I hear that this patient would probably be unable to make a great contribution.

The second patient is very interesting because he came into analysis because of stammering and compulsive thoughts and the stammering stopped after ten months of treatment; also the compulsive thoughts, which is a very astounding clinical success. The late Dr Glauber told me that no case of stammering cured by psychoanalysis had been published and he knew the literature on stammering very well. Here a very important clinical finding can be recorded historically. It is also interesting that Professor Freud predicted that this patient would become a poet and he actually became one. In addition I think he is the only patient who had the boldness to ask permission to address Freud with "thou". Freud agreed to that. It is also interesting that by acquaintance with this patient we were able to identify one of the recipients of letters who was unknown until now.

This former patient is quite ready to communicate with me and gradually I will get quite interesting material from him.

The third patient is particularly interesting. This patient is excellent in verbalizations and ready to give very much interesting material. Historically this patient is so interesting because Freud published the history of the patient. I am in a rich contact with this patient and I must say it is quite fascinating to see what the vicissitudes of the patient were in later years and to get additional childhood material.

Sometimes I doubt the real usefulness of the Archives beyond a purely collecting agency but in this instance I have the feeling that the Archives can make a real contribution that may be of importance in later years.

I am sure you would be eager to know who the patient is since the case history was published, and I can assure you that I am much more eager to tell you which case history it is, but I regret discretion prevents me because one rarely has an opportunity to boast in life and this would be a good opportunity for me to boast. (Applause.)

10. *Summary of important activities within the Association since the last Congress.*

Dr Montessori: I should have liked to have reversed the process proposed by Dr Eissler by saying that my report would be shorter than former ones, but although I have tried to condense it, it has become a report of twenty pages.

I think that even for a psychoanalytic audience used to free-floating attention it would be too much of a good thing, so the second part which is composed of condensed surveys of the reports received from the Component Organizations I shall not try to read at all, but it will be published together with the report of the Congress. The first part I shall curtail for this occasion. The full report will appear in the next Bulletin together with the other documents from this Congress.

General survey and combined activities.

The term 1965/67 has been a very active period for the Association.

The increase of communication and co-operation between analysts in different continental areas, noted at the last Business Meeting, Amsterdam, 1965, has been continued, finding firmer ground also on the organizational level.

A need to identify with the I.P.A., and to make use of it on behalf of their own position in relation to the community at large has manifested itself with more pregnancy amongst the Membership as well as in the component organizations as such.

As a consequence more direct and frequent contacts with the Council have taken place, requesting its aid for a varied number of local problems on a basis of team co-operation.

This reflects on a gradual but marked *process of democratization* within the Association.

Administrative changes have been necessary to cope with this as well as providing to improve public relations, providing for a more open discussion of whatever problems presented themselves and for an attitude of constructive criticism aimed at a more effective collaboration.

A Newsletter has been introduced, offering a flexible and informal means for easy communication within the Association.

Something similar has also been undertaken by several of the component organizations.

The amount of travelling by leading Members of the Association has increased, pointing to a more personal involvement in its affairs.

A great deal has also been happening in the *scientific field*.

Efforts, mentioned in the Amsterdam report, to establish minimum standards of training have continued, furthering the endeavours to achieve a higher scientific level in this connexion.

In general the interest for *problems on training* has intensified, giving rise to international discussions and a more systematic approach in the co-ordination of the pooled experience, which in itself varies in background, contents and level, notwithstanding the common basis from which it originates. The growing recognition in academic circles of the fundamental contribution of psychoanalysis towards a better understanding of human behaviour is widening the territory within which a constructive interaction between University Department and Psychoanalytical Institute can take place. The appointment of psychoanalysts to university posts is no longer an exception.

A keen interest in the *younger generation* for psychoanalysis is apparent. It sometimes forms a challenge to institutes that must cope with modernization of methods and techniques for imparting knowledge that go beyond what can be achieved at short notice with the possibilities available.

But in itself it is an expression of the vitality existing within our movement which helps to maintain the scientific alertness necessary for its healthy development.

The exchange of information has in general augmented, expressing a reciprocal need to know more about what is being achieved by others, and how.

The above factors have undoubtedly stimulated the desire to *re-read Freud* and possibly in a more convenient way than was possible until now.

Hence, the endeavours to have good translations and trustworthy commentaries in connexion with Freud's complete works.

The completion of the Standard Edition should be mentioned separately because of its importance as a means for a better understanding and elaboration in the study of Freud's thoughts.

Also, because it is a testimony of the devoted and patient performance of a working team of experts in the services of our science.

In this connexion the name of *James Strachey* should be brought forward as that of the central

person around which this felicitous achievement took place.

He dedicated eighteen years of his life to this ambitious task and it is a happy circumstance that he lived to see its completion and to participate in the festivities organized for this occasion by the British Society, about which more will be reported later.

Original publications by *modern authors on psychoanalysis*, to whom prizes have been awarded, have enriched the shelves of the classics in our psychoanalytic library.

Child-analysis and problems related to it, have received specific attention from different sides.

Lay-analysis in connexion with human sciences *versus* analysis as a strictly medical profession has once more been basis of discussion within the psychotherapeutic community, giving rise to a further demarcation of the independent position of psychoanalysis with respect to related sciences.

In general it can be said that, with regard to the activities within the Association, a trend towards *expansion, interrelation and consolidation*—on the *organizational* as well as the *scientific* level—can be reported, following an improvement of *communication* and of *public relations* in the psychoanalytic community as a whole.

The main activities of the component organizations have been summarized later in this Report.

Only the *combined activities* in particular geographical or language areas follow below.

THE REGIONAL ASSOCIATION

The American Psychoanalytic Association Meetings.

The American Psychoanalytic Association had its two Fall Meetings as usual in New York and the 53rd and 54th Annual Meeting respectively in Atlantic City, N.J. and Detroit.

Presidents

The Presidency passed in 1966 from Dr Victor H. Rosen, for a second time to Dr Leo Rangell, and from him in 1967 to Dr Charles Brenner, the President of the A.P.A., Dr Samuel Ritvo being President-elect.

Secretary

Dr Herbert F. Waldhorn remained Secretary.

Membership

To date the membership is 1,208.

Central Office

An important factor in the organization of the American Psychoanalytic Association is its Central Office, efficiently run by Mrs. Helen Fischer, Executive Secretary, and her staff.

The Hon. Secretary has had the opportunity to visit it last summer.

It is hoped that some kind of permanent collaboration with the London Office of the I.P.A. may be established in the future.

Newsletter

The Presidential Newsletter has been replaced by a Newsletter of the Association, under editorship of Dr David Kairys, to acquaint the membership with its important activities in a timely and interesting way.

Other significant actions

1. Investigation of role and activity of future Standing Committee on Scientific Development.
2. Appointment of a Public Relations Consultant.
3. Continuing study of the criteria for acceptability of New Societies seeking affiliation with the A.P.A.
4. Progress report on the drafting of "Training Standards in Child Analysis".
5. Report on "Some Issues in Research Training in Psychoanalysis".

Scientific Presentations

The number of scientific presentations at the different meetings has been too great and the topics discussed too varied to do them justice in this report.

More detailed summaries have been published in Newsletters Vol. 1 Nos. 5 and 6, and in the 130th Bulletin of the Association.

It may suffice here to state that a lively and productive scientific activity has again been in evidence within the American Psychoanalytic Association in the past 2-year period.

FEDERATIONS

C.O.P.A.L.

Directly after the Amsterdam Congress our Vice-President, Dr Leon Grinberg, handed over the completed Questionnaires on Training of the different Latin-American Institutes. Ever since, he has been extremely active and efficient in furnishing information about whatever happened of interest within that area; in furthering relations with the Association and in giving advice for the best results of any action that the Council might intend to take.

A better understanding of each of the societies as well as of the global situation and particularly of the function of C.O.P.A.L. in the Latin-American scene has been the result.

Much has been achieved to improve the inter-relationships, the exchange of scientific information, the improvement of standards and the furthering of public relations beyond the boundaries of the psychoanalytic world.

The following events should be given separate mention because of their importance for the development and integration of organized psychoanalysis in Latin America.

(a) The interchange of visits of Directors of Institutes.

(b) The 1st pre-Congress of Latin-American Training Analysts in Montevideo.

(c) The revision of the Statutes to further the effectiveness of the Organization.

(d) The entry of the Brazilian Psychoanalytic Society of Rio de Janeiro into C.O.P.A.L., which therefore now co-ordinates all component organizations of the I.P.A. within the Latin-American area.

The visit of the President and the Hon. Secretary of the Association to Latin America in the summer of 1966 has also been appreciated.

Brazilian Psychoanalytic Association

Another consolidating factor in that area is the decision of the four component societies in Brazil to unite.

The association had its constituting meeting on 6 May, 1967, in Sao Paulo, with "Acting-Out", the theme of the International Congress, as the main topic for the scientific discussions.

West Coast Psychoanalytic Societies

This Organization comprises at present the following Associations: The Seattle Psychoanalytic Society, the San Francisco Psychoanalytic Society, the Los Angeles Psychoanalytic Society, the Southern California Psychoanalytic Society, the San Diego group, the Denver Psychoanalytic Society, the Colorado group and the Mexican Psychoanalytic Association.

Meetings are held in different places without a set date.

The next meeting will probably be held in Mexico. It has also been decided to appoint a Standing Committee which would facilitate the organization of the said meetings. This Committee is formed by one representative of each of the affiliated organizations.

EUROPEAN FEDERATION

At the meeting of representatives of the European Psychoanalytical Organizations, 1965, in Amsterdam, it was decided that the proposal for a European Federation would be considered seriously and that a meeting of the Presidents of the European Societies should meet for this purpose at the beginning of 1966.

Dr R. de Saussure was nominated Convenor and Dr T. Sjovald Secretary.

This meeting, to which also the President of the Israel Society was invited, took place in Geneva, February 1966.

A subsequent meeting was held in Paris in November, 1966.

The Federation met again after the International Congress in Copenhagen on Saturday, 29 July, 1967.

The first Council of the Federation is composed as follows:

Honorary President:	Miss Anna Freud
President:	Dr R de. Saussure (Switzerland)
Secretary:	Mme. E. Kestenberg (Paris)
Treasurer:	Dr Lois Munro (U.K.)

Vice-Presidents:	Dr S. Lebovici (Paris)
	Dr H. E. Richter (Germany)
	Dr J. J. Sandler (U.K.)
	Dr J. H. Thiel (Netherlands)

Two Standing Committees have been appointed: A Training Committee under the Chairmanship of Dr W. Solms and a Publication and Scientific Exchange Committee with Dr H. Sauguet (Paris) and Dr F. Alvim (Portugal) as Secretaries for its two main branches of activities.

The I.P.A. President, the Hon. Secretary and the Associate Secretary for Europe have taken active part in the preliminary activities concerning the realization of the European Federation. More detailed information has been published in Newsletters, Vol. 1, Nos 3 and 5 of the Association.

The meeting of the European Committees, under the Chairmanship of Dr W. Solms preceded the convention of the Federation, also in Paris, November, 1966.

CONGRESSES

Pre-Congress Conference on Training

The first International Pre-Congress Conference on Training, organized under the Chairmanship of Dr Elizabeth R. Zetzel, and held in Amsterdam, July 1965, met with so much success that it is now becoming a tradition to have our congresses preceded by a similar convention.

The Chairman of the Organizing Committee (C.O.P.T.) was this time Dr Heinz Kohut and the Secretary Dr Kenneth T. Calder.

The main topic was: "The Evaluation of Applicants for Psychoanalytic Training".

A full report of this Conference is circulated to all participants and their respective institutes.

Only delegates are admitted.

V. Deutschsprachige Arbeitstagung der mitteleuropäischen Psychoanalytischen Vereinigungen.

This convention, organized by the German, Swiss and Viennese Societies for students and younger colleagues, was held in Freudenstadt (Schwarzwald) from 4-7 April, 1966.

It was attended by 186 colleagues from the following ten countries, CSSR, Denmark, Germany, Great Britain, the Netherlands, Norway, Austria, Sweden, Switzerland, Hungary.

The official speakers were: W. Solms-Rodelheim, Austria; H. Strotzka, Austria; H. Thomä, Germany; P. Heimann, Great Britain; E. C. M. Frijling-Schreuder, Netherlands; P. C. Kuiper, Netherlands; U. Moser, Switzerland; H. Muller-Bek, Switzerland.

The XXVIth Romance Languages Congress

Organized by the Paris Psycho-Analytical Society in collaboration with the Belgian Psycho-Analytical Society, the Canadian Psychoanalytic Society, the Colombian Psychoanalytic Society, the Italian

Psycho-Analytical Society, the Luso-Spanish Psycho-Analytical Society, the Swiss Psycho-Analytical Society, The French Psycho-Analytical Association and the Latin-American Societies. It was held in Paris from 29 October to 1 November, 1965.

Among the speakers were Dr René Spitz (Geneva), Dr and Mrs Jean Kestemberg (Paris), Drs J. J. Sandler and W. G. Joffe (U.K.), Drs F. Morgenthaler and P. Parin (Zurich), and Dr R. M. Loewenstein (New York).

The XXVIIth Romance Languages Congress

Organized by the Swiss Psycho-Analytical Society, under the auspices of the Paris Society and with the collaboration of the above mentioned Societies except the Colombian, which will cease in collaborating in view of the impossibility of participating regularly because of the distance.

This Congress was held in Lausanne, Oct.-Nov. 1966.

The main speakers were Dr Marcel Roch (Lausanne), and Mrs C. J. Luquet-Parat (Paris).

Both Congresses were presided over by Dr H. Sauguet.

The Permanent Secretary is Dr P. Luquet (Paris).

VIth Latin-American Psychoanalytic Congress, Montevideo, 24-28 July, 1966.

This Congress was organized by the Uruguayan Psychoanalytic Association, under the auspices of C.O.P.A.L.

The main themes were "Mania" and "Theory of Technique".

It was a successful event.

2nd Pan American Congress for Psychoanalysis, Buenos Aires, 31 July-4 August, 1966.

The Pan American Congresses are a joint enterprise of C.O.P.A.L. and C.O.L.L.A.C. (Standing Committee of the American Psychoanalytic Association in Liaison with Latin-American Colleagues.)

The 2nd Congress was organized by the Argentine Psychoanalytic Association.

Speakers from both Americas contributed to the scientific presentations and discussions.

Post-Pan-American Congress Seminar, Rio de Janeiro, 6 and 7 August, 1966.

After the Congress four workshops were organized by the Brazilian Psychoanalytic Society of Rio de Janeiro in that city for participants who wished to attend.

The organization of these Latin-American Congresses has been excellent and the hospitality overwhelming.

Pre-Congress in London, 16 and 19 July, 1967.

The British Psycho-Analytical Society again organized a Pre-Congress in London.

This has also become a traditional convention, noted for its informal atmosphere and clinical presentation.

The President and the Hon. Secretary of the I.P.A. have either jointly or separately participated in all the above mentioned events.

Information about these congresses has been conveyed to the Membership in the Newsletters, as received.

Official Reports have been published in the 130th Bulletin of the Association.

INDEPENDENT CHILD-ANALYSIS TRAINING COURSES

Although in a formal sense not belonging to the International Psycho-Analytical Association, these courses should be mentioned in this Report because—apart from obvious reasons—development within the Association does relate them to it.

The Hampstead Child-Therapy Course and Clinic, directed by one of our Vice-Presidents, Miss Anna Freud, has now qualified 68 psychoanalytic child-therapists in a four-year training course.

Since the last Congress, work in the Clinic has been very intensive in several directions: in the diagnostic sphere endeavours have been made to implement the thinking outlined in Anna Freud's latest publication on Normality and Pathology; the studies on categorization of analytic material and on the history of theoretical and clinical analytic concepts have continued simultaneously in the relevant departments; assistance has been given throughout the past two years to Members of the Dutch Society and its Training Committee to realize a training programme for child-analysis, about which more later.

The work of Miss Freud and her co-workers is too well known to need further explanation with regard to its impact on the scientific development of psychoanalysis in general.

The honours which have been bestowed upon her in the past term of the Association reflect this with sufficient eloquence.

Her example in connexion with child-analysis has successfully been followed by Dr Anny Katan in Cleveland, Ohio. She is one of the psychoanalysts who helped to organize the training in Holland. Together with Dr Robert A. Furman, she now runs a course built on the same lines as the Hampstead Clinic.

The Cleveland Child Therapy Course, established in 1958 within the Department of Psychiatry of Western Reserve University School of Medicine, has qualified fourteen psychoanalytic child therapists in a six-year training programme. In 1967 the sponsorship of the programme was assumed by the Cleveland Center for Research in Child Development. Studies currently under review are: 1. Analysis in residential treatment centers, a study of the analyses of fourteen children conducted in this milieu; 2. Parent loss, a study of the analyses of six children who have suffered such a tragedy.

More recently, the *Dutch Psycho-Analytical Society* has undertaken the initiative to incorporate a similar course, adapted to the situation in Holland,

in its regular training programme, thus creating a new possibility to become a Member of the Society.

This course runs parallel to that for adult training—with which it is in part combined—abides by the same standards and operates also under the Training Committee of the Society, which has been enlarged for this purpose.

About this, more later.

COMMUNICATION

Communication within the Association has improved considerably in several ways.

Newsletter

The Newsletter, especially since the new procedure of distribution implemented on dispatching the second issue, is a welcome innovation which increases in a significant way the possibility of participation by the Membership in the activities of the Association.

Six issues have appeared in the past two-year period.

Bulletin

Part of the function of the Bulletin of the Association has now been taken over by the Newsletter, giving the first a more formal character.

On the other hand its use could be expanded in another direction, i.e. concerning the kind of information that it would in future include.

A number of the Bulletin will biennially be dedicated to reports of psychoanalytical congresses in different geographical or linguistic areas, and of scientific activities of the component organizations.

The first of this kind to appear is the 130th Bulletin.

Arrangements will be made with editors of psychoanalytic journals in other languages than English to have the Bulletin published regularly also in each of the other four languages of the Association.

Congress Number of the International Journal of Psycho-Analysis

In collaboration with the Editor of the International Journal, in the year following the International Congress, a fifth part of the Journal will be published exclusively dedicated to the Congress.

The responsibility for the edition of this issue, with regard to its contents, will be delegated to the Programme Committee, following a policy established and announced by the Council of the Association in collaboration with it.

The International Journal of Psycho-Analysis and other psychoanalytical periodicals

A closer international collaboration has been established between the editors of the different psychoanalytical journals, allowing for a better exchange of information.

Publication of foreign papers in American Journals

Following the initiative of the Hon. Secretary and the Secretary of C.O.P.A.L., a Committee, under the chairmanship of Dr Heinz Kohut has been formed by the A.P.A. to select representative original contributions by foreign colleagues to acquaint the American readers of psychoanalytical literature with the work accomplished in other countries.

Publication and Scientific Exchange Committee of the European Federation

This Committee will study the possibilities of a more frequent and easy exchange of information between component societies in different language areas in Europe, and of multilingual publications.

Translations of Freud's complete works

The Standard Edition by the Hogarth Press has been completed, except for the index volume.

A Spanish translation is being accomplished.

Plans for a French edition have in principle been accepted, with Drs Laplanche and Pontalis as Editors.

International Workshops

An experiment will be undertaken during this Congress to start a few international workshops which will function between congresses and report at the next meeting of the International.

Questionnaire on Languages

The material received from the Membership when returning the completed Questionnaires on Languages, as well as other data concerning the Association, have been brought into a scheme that offers an easy survey of its potential in various aspects. (See Appendix II.)

SECRETARIAL SERVICES

Definite efforts have been made to co-ordinate what is available in this connexion and to offer better secretarial services when possible.

It cannot, however, be achieved without the collaboration of the *Society Secretaries*.

This is not sufficiently realized by these Officers who evidently consider the resources of the International as farther reaching than its true equipment permits.

A better understanding of the real situation could bring a considerable improvement in the general efficiency.

The help of the *Executive Secretaries* is in any case indispensable.

In thanking Helen Fischer (American Association), Ester G. de Adin (Argentine Association), Helen Boxall (British Society), and Odette Chevalier (Paris Society), with whom personal contacts have been established, a vote of thanks is also extended to all their colleagues who remain anonymous, for their valuable work behind the scenes to keep the Association functioning in a reasonably efficient way.

The *Associate Secretaries* have made it possible to decentralize part of the general secretarial task covering a territory too extensive for a single person to cope with unaided.

This is particularly true in view of the considerable increase in the volume of work since the Amsterdam Congress, which has devolved from the above mentioned developments.

That it could be done at all is in part attributable to the state of order in which *Dr Elizabeth R. Zetzel* left things when concluding her term of office.

She took care of it notwithstanding the fact that she was Chairman of the Conference on Training and that she had had to deal with the difficult situation caused by the death of the President, for which no constitutional provisions had been made, compelling her to improvise beyond the range of what is expected under normal circumstances.

Looking back, the secretarial responsibilities seem to have covered a lot of ground and an enormous quantity of work.

The appreciation and warmth received from the Membership while performing these tasks have made it a gratifying and encouraging experience.

ACTIVITIES OF THE COMPONENT ORGANIZATIONS

AFFILIATE SOCIETIES OF THE AMERICAN PSYCHO- ANALYTIC ASSOCIATION

The Boston Psychoanalytic Society and Institute, Inc.

Of special note during this two-year period is the following:

1. The establishment of an Extension Course for Psychiatrists entitled, "On Psychoanalytic Theory and its Application in Psychiatry", in 1965-66 met with such success that it has been offered again for the next academic year. In addition, an Extension Course for Physicians is also to be offered for the first time.

2. A Sub-committee of the Committee on Institutes of the American Psychoanalytic Association made a site visit on 27-30 April, 1966, to review the training programme of the Society/Institute. A fruitful exchange of ideas resulted leading, as well, to the appointment of the *ad hoc* committees to study special problems of admissions and training.

3. The Society/Institute played a leading role in sponsoring a statute on Privileged Communication which has been filed in the legislature of the Commonwealth of Massachusetts.

4. The Scientific Programme was restimulated by an all-day Symposium in which members and candidates participated on 11 March, 1967, on "Psychoanalysis as Science and Profession."

5. The new Constitution and Byelaws adopted in 1964 has undergone careful review and empirical validation leading to a number of amendments now under consideration to make the document a viable instrument.

6. *The Joseph J. Michaels Memorial Fund.* Following Dr Michaels's death on 19 November, 1966, many friends and colleagues expressed appreciation of his dedication to psychoanalytic education and wished to honour his memory through an appropriate memorial. An annual scholarship fund has therefore been established in his name for candidates in training at the Institute.

The Denver Psychoanalytic Society

The Scientific Programmes presented to the Denver Psychoanalytic Society comprised the following guest lectures:

Dr Jacob A. Arlow on "Character and Perversion".

Dr René Spitz: "The Case of Jerry, A Family Tragedy".

Dr Victor Calef: "The Concept of Resistance".

Los Angeles Psychoanalytic Society and Institute

In the fall of 1964 a Joint Committee on Mutual Problems of the Society and Institute was appointed and charged with the responsibility of studying the organization of the Society and of the Institute as then constituted.

The Committee's exhaustive deliberations culminated in the recommendation to the membership that the Society and Institute be combined into a single organization. Certain legal considerations determined a course of action for accomplishing this which involved a revision of the Byelaws of the Institute, which continued in existence. The Society, by appropriate action, has been absorbed into this organization.

Michigan Association for Psychoanalysis, Inc.

Since 1963, the society has offered a series of lectures and seminars dealing with psychoanalytic theory and its practical applications addressed to interested members of the professional community. Sixty psychiatrists, psychologists and social workers have participated in these courses. The enthusiastic response and requests for additional courses has suggested a continuing need within the community.

Since July 1965 the Scientific Programme included lectures by the following guests:

Dr Mark Kanzer: "The Motor Sphere of the Transference".

Dr Peter L. Giovacchini: "The Frozen Introject".

Dr Rudolf Ekstein: "The Theme of Orpheus and Euridice in the Treatment of a Schizophrenic Girl".

Dr Viggo Jensen, and Dr Douglas Sargent:

"On Fishing".

Dr George H. Pollock: "The Possible Significance of Child Object Loss in the Josef Breuer-Bertha Pappenheim (Anna O)-Sigmund Freud Relationship".

Dr Viggo W. Jensen and Dr Thomas Petty: "The Suicide Cache".

Dr Peter Bloss: "The Second Individuation Process of Adolescence".

Dr William G. Niederland: "Clinical Aspects of Creativity".

The New York Psychoanalytic Society

On 17 January, 1967, the New York Psychoanalytic Society honoured Dr Bertram D. Lewin on the occasion of his 70th birthday with a reception. Prior to the reception brief comments were made to the assembled guests by Drs Jacob A. Arlow, George Gero, Lawrence S. Kubie and K. R. Eissler.

The first annual Heinz Hartmann Award was awarded to Miss Anna Freud for her book: "Normality and Pathology in Childhood: Assessments of Development". The second was awarded to Dr René A. Spitz for his book, "The First Year of Life".

The 1967 Freud Anniversary Lecture will be given by Dr Helene Deutsch.

The 1967 Abraham A. Brill Memorial Lecture will be given by Dr David Beres.

The Philadelphia Association for Psychoanalysis

The Scientific Programme comprised the following lectures by guest speakers:

Dr Jerome Karasic: "Symptoms, Transference and the Past".

Dr Norman D. Weiner: "On Bibliomania".

Dr Jose Barchilon: "Huckleberry Finn: a psychoanalytic study".

Dr Harold F. Searles: "The Schizophrenic Individual's Experience on his World".

Dr Marjorie Harley: "Fragments from the Analysis of a Dog Phobia in a Latency Child".

Philadelphia-Baltimore-Cleveland Congress. The *Baltimore Psychoanalytic Society* joined the *Philadelphia Association* and the *Cleveland Society* in a one-day Psychoanalytic Congress held at the Bedford Springs Hotel in Bedford, Pennsylvania on 12 June, 1965, and at the Shoreham Hotel, Washington D.C. on 11 June, 1966. Speakers and discussants of the three Societies took part in the scientific activities. A dinner party in the evening was followed by dancing at the hotel.

The Psychoanalytic Association of New York, Inc.

The Psychoanalytic Association of New York has established an annual Freud Anniversary Lecture, the first of which, entitled "Some Additional 'Day Residues' of the Specimen Dream of Psychoanalysis" by Dr Max Schur was presented on 16 May, 1966. The second, "Psychic Determinism: Freud's Specific Propositions" was by Dr Mark Kanzer, on 15 May, 1967.

The Topeka Psychoanalytic Society

Miss Anna Freud, an Honorary Member of the Topeka Psychoanalytic Society, during her second visit to The Menninger Foundation as a Sloan Visiting Professor (1-10 April, 1966), was the principal speaker at the 20th Anniversary Reunion of the Menninger School of Psychiatry held concurrently with her visit. Miss Freud also was

active as speaker and panel moderator at the First Annual Meeting of the American Association for Child Psychoanalysis convening in Topeka 9-10 April, 1966.

The scientific activities comprised of lectures by guest speakers:

Dr Jacob A. Arlow: "Character Traits and Perversion".

Dr Keith N. Bryant: "The Struggle for Identity in a Severely Disturbed Adolescent".

Dr John D. Sutherland: "Psychoanalytic Object-Relations Theory to the Analysis of Psychological Tests".

Dr Nathaniel Ross: "The 'As If' Concept".

Dr Marianne Kris: "Trauma and Infantile Experiences—A Longitudinal Perspective".

Dr Eugene Meyer: "Brief Psychotherapy".

Dr George H. Pollock: "The Possible Significance of Childhood Object Loss in the Josef Breuer-Bertha Pappenheim (Anna O)—Sigmund Freud Relationship".

Dr Lawrence S. Kubie: "Unsolved Problems concerning the Resolution of the Transference: Who Can and Who Cannot Resolve It?"

Dr Selma Fraiberg: "Repression and Repetition in Child Analysis".

Dr Louis A. Gottschalk: "Some Applications of the Psychoanalytic Concept of Object Relatedness".

The Washington Psychoanalytic Society

The scientific activities have comprised lectures by:

Dr James Armstrong Harris, Training Secretary of the British Psychoanalytical Society ("Considerations of the Psycho-Analytical Treatment of Asthma"), and

Dr Margaret Mahler ("Notes on the Development of Basic Moods and the Depressive Affect") who were guest speakers.

Two Panel Meetings on "Management of Anxiety" and "Parameters in Psychoanalysis" were held and an Annual Spring Workshop Weekend.

The Westchester Psychoanalytic Society

The Westchester Psychoanalytic Society completed a successful series of seminars this past year on Basic Psychoanalytic Theory for Residents at Grasslands Hospital, Valhalla, New York, and will conduct another series under the chairmanship of Dr Norbert Bromberg at New York Hospital, White Plains, New York, beginning in September, 1966. Also the Society formulated a Resolution in support of the humane interruption of pregnancy at the time legislation on the subject was being debated, and circulated the Resolution to several members of the New York Legislature, newspapers in Westchester County, and various psychiatric and psychoanalytic journals.

Dr Victor H. Rosen lectured as guest speaker at the Spring dinner meeting 1966 on "Disturbances of Representation and Reference in Ego Deviations".

The Western New England Psychoanalytic Society.

Since the International Congress in July of 1965, there have been twelve scientific meetings and two annual meetings of the Society.

Guest speakers were:

Dr Lothar Rubinstein: "The role of identification in homosexuality and other sexual deviations".

Dr Peter Knapp: "A presentation of research in progress on asthma".

Dr George S. Klein: "Perspectives to change in psychoanalytic theory".

Dr George H. Pollock: "The possible significance of childhood object loss in the Josef Breuer-Bertha Pappenheim (Anna O.)-Sigmund Freud Relationship".

Dr Robert R. Holt: "The development of the primary process in a structural view".

Dr Martin H. Stein: "Self-observation, reality and the superego".

Dr Harold Searles: "The individual therapy of chronic schizophrenia: A case report".

Dr Max Schur: "Comments on the regulatory principles of mental functioning".

COMPONENT SOCIETIES OF NORTH AMERICA

Canadian Psychoanalytic Society.

A full report of the activities of this Society was published in the 130th Bulletin of the Association.

Mexican Psychoanalytic Association.

In general the Mexican Psychoanalytic Association (M.P.A.) has been steadily progressing both nationally and internationally. In this last respect there has been an excellent contact with the U.S.A. and the rest of Latin America. In the national field, it has been growing in its scientific significance which has capitalized in an increase of its prestige. This is the result of the joint effort of its Members, who through lecturing, publishing and working in different institutions have brought the M.P.A. to the present scientific high level.

The Training Committee has met with Dr George Pollock, Director of Research of the Chicago Institute for Psychoanalysis to discuss the selection procedures and criteria of the Chicago Institute for selection of applicants and the different research projects which are under way.

Dr Alfredo Namnum, President of the M.P.A., is working on a project with Dr Pollock for scientific interchange between Chicago and Mexico.

The competent authorities of the Psychoanalytic Index edited by the Chicago Institute, appointed Dr Alfredo Namnum and Dr Avelino Gonzalez as co-ordinators for the indexing of the Spanish and Portuguese psychoanalytic literature.

The Journal of the M.P.A. "Cuadernos de Psicoanalisis" has been publishing the translation of the I.P.A. Newsletters as they appear, since it is felt that they are of great historical value and also

that it is important for the Latin-American psychoanalysts to get familiar with what is going on in the psychoanalytic world.

Volume III, No. 2 of "Cuadernos de Psicoanalisis" has just appeared with the translation of Newsletter Vol. 1, No. 4.

COMPONENT SOCIETIES OF SOUTH AMERICA

Argentine Psychoanalytic Association

The Argentine Psychoanalytic Association has been extremely active.

The papers presented by Members and graduates numbered over 80. Furthermore the 2nd Local Congress and 9th Symposium were organized from 9-14 June, 1966, preceeding the 2nd Pan-American Congress and connected with its main themes: "The Analytical Process" and "Transference, Theoretical and Clinical Aspects", about which 52 papers have been presented. One of the panels was under the auspices of the "Center Enrique Racker" for Research and Guidance.

Another panel was devoted to W. Bion, comprising five more contributions, after which a closing session and an evaluation session took place.

This activity did not prevent a perfect organization of the 2nd Pan-American Congress, which has been reported elsewhere and to which several Members of the Argentine Psychoanalytic Association made scientific contributions.

Visits of Foreign Psychoanalysts:

Invited by the Executive Committee, Dr Elizabeth R. Zetzel, Vice-President of the International Psychoanalytical Association, visited the Argentine Psychoanalytic Association in November 1965. During her stay, she carried out an intensive programme of supervision group discussions, seminars and lectures.

During a short stay in Buenos Aires, Dr Avelino Gonzalez, President of the Mexican Psychoanalytic Association, delivered a lecture on "The Urgency for Reunion, its place in Spacial Phobias". The Association also had the visit of Dr Nathan Ackerman (U.S.A.) who read a paper on "Analytic Therapy of the Family".

Finally Dr Luiz Guimaraes Dahlheim, President of the Brazilian Psychoanalytic Society of Rio de Janeiro, travelling according to the scientific programme organized by C.O.P.A.L., carried out an intensive programme of supervision, holding seminars and lectures.

During the term 1966/67, within the programme of scientific exchange organized by the Training Council of C.O.P.A.L., Dr Virginia Leone Bicudo, Directress of the Institute of the Brazilian Psychoanalytical Society of Sao Paulo, visited the Association in June. Dr Bicudo delivered three lectures: the first on "Sublimation, splitting and obsessive symptoms"; the second on the "History of the psychoanalytical movement in Sao Paulo" and the third

on her "Psychoanalytical experience in London". Dr Bicudo also directed seminars and carried out supervision work.

Dr Pieter Van der Leeuw, President of the I.P.A., who travelled to South America to attend the 6th Latin-American Psychoanalytical Congress, Montevideo, and the 2nd Pan-American Congress for Psychoanalysis, Buenos Aires, delivered the following lectures at the Association: "On the Evolution of the concept of defence", "On the metapsychology of thinking in Freud's work, especially related to the evolution of the structural point of view and the lack of mother love", "A clinical case of a prolonged psychoanalytical treatment of a woman artistically gifted".

The Association has re-established the circulation of an internal News Bulletin.

Brazilian Psychoanalytic Society of Rio de Janeiro

After a year taken up by administrative problems, the Society is able once more to dedicate itself to scientific activities, looking back on the past year with satisfaction.

Special events have been:

The visit of the President and the Hon Secretary of the Association, Drs P. J. Van der Leeuw and M. M. Montessori, who placed themselves for a whole day at the disposal of the Society on 8 August, 1966, to discuss with senior members its history, present problems and future development.

In the evening the I.P.A. President unveiled at the Society's headquarters an extremely beautiful portrait of Sigmund Freud, which had been presented by Dr Danilo Perestrello, Director of the Institute.

Discussions were resumed and continued until a late hour, comprising, amongst other business, the entry of the Society into C.O.P.A.L. and the possible organization of a Brazilian Psychoanalytical Association, the object of which would be to unite the sister societies of the country.

Both these events have now materialized bringing a greater cohesiveness to organized psychoanalysis in Latin America.

The attendance of Dr Perestrello to the 6th Latin-American Congress, Montevideo, as representative of the Society, was of importance in paving the way towards these developments.

Brazilian Psychoanalytic Society (Sao Paulo).

The Brazilian Psychoanalytic Society (Sao Paulo) started the circulation of its own scientific Bulletin, the "Journal de Psicoanalise".

Chilean Psychoanalytic Association.

The Association has participated in the interchange of Directors organized by C.O.P.A.L. and the Latin-American Congresses, as have the other Societies in that area, even if it has not been explicitly reported by all.

Dr Carlos Whiting, Director of the Institute, visited the Colombian Institute.

Colombian Psychoanalytic Society.

Dr Tufic Meluk, at that time Director of the Institute, visited the Mexican Institute. His successor, Dr Carlos Plata, visited the Chilean Institute in 1966. He was also one of the speakers at the 2nd Pan-American Congress.

At the 6th Latin American Congress, Bogota was designated as the location of the next Congress, which will be held in February 1968.

Porto Alegre Psychoanalytic Society.

Within C.O.P.A.L.'s exchange programme of training analysts, Professor Virginia Leone Bicudo visited the Society, whereas Dr Roberto Pinto Ribeiro was designated to the Uruguayan Association.

Transactions have been undertaken with a publisher to start a Brazilian psychoanalytical journal whenever the four existing Societies in that country are ready for it.

Rio de Janeiro Psychoanalytic Society.

The exchange programme of C.O.P.A.L. brought in 1965 Dr Jose Remus-Araico (Mexico) to this Society for lectures and seminars, and in 1966 Dr David Zimmermann from Porto Alegre; Professor Noemy da Silveira Rudolfer visited Mexico.

Dr Elizabeth R. Zetzel was a guest speaker in November 1965.

Drs Dahlheim, Kemper and Manhaes visited and lectured in Europe.

Professor Noemy da Silveira Rudolfer gave three series of conferences in Asuncion (Paraguay) at the National University and was appointed Visiting Professor.

Four contributions by Members of the Society were delivered at the 6th Latin-American Congress and a formal paper was presented by Dr W. Kemper at the 2nd Pan-American Congress.

The Society organized the Post-Congress Discussion Groups in Rio de Janeiro, August 1966, in collaboration with the National Service of Mental Disease Organ of the Ministry of Health.

There were four round tables.

The President and Hon. Secretary of the I.P.A., Drs P. J. Van der Leeuw and M. M. Montessori, visited the Society on that occasion, having an exchange of information with its Members.

Dr Rudolph Ekstein read a paper on "Psychoanalysis and Pedagogy".

Dr Luiz G. Dahlheim was elected member for the foundation of the Brazilian Psychiatric Association.

The Society has started to circulate an internal News Bulletin for the benefit of its Members and candidates.

Uruguayan Psychoanalytic Association

The Uruguayan Psychoanalytic Association organized by the 6th Latin-American Congress, offering a smoothly run convention and charming hospitality to its participants.

COMPONENT SOCIETIES IN EUROPE

Belgian Psycho-Analytical Society

The meetings of the Society have been grouped around the following main activities:

- (a) Discussion of clinical cases from the point of view of indication;
- (b) Theoretical and clinical presentations on depersonalization;
- (c) Papers and discussions on female sexuality.

The I.P.A. President visited the Society in April 1967, for lecturing and an exchange of views.

The Belgian and Dutch Training Committees are collaborating towards the establishment of a working procedure to be followed in cases of candidates from each other's countries being trained under the aegis of either Society.

British Psycho-Analytical Society

Miss Anna Freud's 70th Birthday was on 3 September 1965. A telegram of congratulations and good wishes was sent to her from the President. No other celebration took place at Miss Freud's own request.

The occasion of Dr D. W. Winnicott's 70th birthday was marked by a celebration on 30 April, 1965, in Mansfield House attended by nearly 250 people. In addition, Dr Winnicott was invited to give a series of seminars on Child Psychoanalysis to commemorate his 70th birthday. Forty psychoanalysts were invited to attend.

Miss Anna Freud was awarded the C.B.E. in the New Year's Honours list. She was also awarded an Honorary LL.D. by the University of Sheffield and an Honorary Doctorate of Science by the University of Chicago.

A banquet was held to mark the completion of the Standard Edition of Freud's works by James Strachey and his co-workers. The President of the I.P.A. was present among the 377 people who attended.

The Directors of Professional and Public Relations organized a series of public lectures on psychoanalysis. These lectures were extremely well attended, have been a great success and it is now proposed they should be held annually.

A Membership Committee has been appointed to organize all aspects of procedure to full membership, the intention being to help associate members take this step. The new curriculum for training in psychoanalysis has been given a great deal of attention, and the first year will be put into operation in the Autumn of 1967.

Danish Psycho-Analytical Society

The members of the Danish Society were extremely busy in connexion with the 25th Congress, being responsible for its organization.

Dr Thorkil Vanggaard was also an Active Member of the Programme Committee.

The I.P.A. President, Dr P. J. Van der Leeuw, personally kept in touch with the Secretary of the

Organizing Committee, Dr Ebbe J. Linnemann, throughout the term, visiting the Society in January 1967, for a general check-up on the venue of the Congress.

The organization went on very smoothly thanks to the collaboration of Mrs Olga Philipson, whose invaluable services are already known to the Membership from the 1959 Congress.

Dutch Psycho-Analytical Society

In September 1965 Dr G. A. Ladee was appointed Professor of Psychiatry at the Medical Faculty of Rotterdam.

On 16 October, 1965, Dr J. Lampl-de Groot celebrated her 70th birthday. A telegram was sent from the Executive Council and flowers were offered by the President and Hon. Secretary with a letter of congratulations in the name of all.

After careful consideration the Society decided to put into practice a plan for a regular training in child analysis, originally presented by Dr J. P. Teuns for consideration by the Training Committee. Many preliminary discussions followed, in Holland as well as abroad and particularly with several qualified Members of the British Society.

Eventually it was decided that a training in child analysis would be created by the Society in close collaboration with the Leyden Foundation for Child Therapy, of which Dr Teuns is Director, and the collaboration of experts from the Hampstead Clinic, who would help to construct the course until it could be managed without outside aid.

This course would run parallel to the training of psychoanalysts for the treatment of adults, answering to exactly the same formal requirements and scientific standards (albeit adapted to the specific requirements of child patients), and operating under the aegis of the Dutch Training Committee which would forthwith comprise three qualified training analysts with long standing experience in this field.

This project was put to vote and approved by acclamation at a plenary business meeting of the Society in May 1966.

Much work had to be accomplished to enable it to start in the Fall, comprising a reorganization of the theoretical courses for the adult training, parts of which will in future be destined for both groups of candidates; the composition of the selection teams and the selection itself, which had to cope with a fairly large group.

However, it succeeded. Courses and seminars by the British colleagues have been going on weekly in Leiden.

Also, the first supervised cases have started and more will follow.

The team of supervisors consists of both British and Dutch colleagues.

The title of psychoanalyst will be attached to this training. With this the Dutch Society has broken with an existing prejudice with regard to child psychoanalysis, giving it due recognition as a peer within its formal organization.

A change of the bye-laws was passed stipulating that the Chairman of the Training Committee will in future be elected by the Business Meeting.

In March 1967, the Dutch Society celebrated its 50th anniversary at a public meeting at the Hilton, followed by a reception and a dinner dance in the evening.

Miss Anna Freud was guest speaker reading a very interesting paper on the Development of the Concept of Trauma.

The I.P.A. President, Dr P. J. Van der Leeuw, also addressed the audience.

The Presidents of the European Societies and their spouses were invited guests.

French Psycho-Analytical Association

The French Psycho-Analytical Association was granted Component Society Status at the Amsterdam Congress, July 1965. Together with the Paris Society it now represents the I.P.A. in France.

It numbers at present some thirty Members and Associates.

It has a Training Institute, a specialized library and its own Scientific Bulletin.

The Association organizes twice per trimester a scientific meeting, and twice a year the "Entretiens de Psychanalyse" which last two days and concentrate on a special topic about which carefully chosen material is precirculated.

A Newsletter for its Members is circulated from time to time.

German Psycho-Analytical Association

From the 4-7 April 1966, the 5th meeting of the Central European Psychoanalytic Associations in the German Language was held in Freudstadt. The meeting was attended by 180 members and candidates from 9 countries.

The conference was predominantly financed by the German government. Progress in the recognition of Psychoanalysis by German Universities can be seen in the appointment of Professor Mitscherlich to the Chair of Psychology in Frankfurt and in that of Professor Thomä to the Chair of Psychotherapy in Ulm. This means that there are now 5 Chairs or independent University departments occupied by psychoanalysts.

In 1966 the Journal "Psyche" was changed into a purely psychoanalytical publication.

Regularly, every 6 months, the German Association holds joint working meetings, which are organized in turn by one of the 5 Training Institutes in Berlin, Frankfurt, Giessen, Hamburg, and Heidelberg. Since 1966, general discussions concerning theoretic and therapeutical problems have taken place as well as the qualifying reports by associate or full members at these meetings.

The active assistance of Dr Van der Leeuw, Dr W. Hoffer, and Mr W. E. Freud as guests at these conferences have been gratefully acknowledged.

Italian Psycho-Analytical Society

The three Training Centres now function very smoothly and in good collaboration, offering an excellent scientific level for the preparation of candidates.

Luso-Spanish Psycho-Analytical Society

Regular training activities have been going on in Barcelona, Lisbon and Madrid.

Extra seminars have also been organized during these last two years, directed by different invited members of the British and Paris Societies.

Besides the regular scientific and business meetings held separately by the members of Barcelona, Lisbon and Madrid, the Annual Meeting of the Society took place in Madrid in May 1966. The Meeting comprised three sessions during which were read and discussed three scientific papers, presented by Dr J. Bea (Barcelona) and Dr M. Casimiro and Dr da Silva (Lisbon). The Hon. Secretary of the I.P.A. was an invited guest.

The next Annual Meeting was held in Barcelona at the beginning of April 1967. In the scientific programme the sessions were devoted to the problem of "Acting out". Dr Portillo (Madrid) presented a revision of the subject and Dr E. Torras (Barcelona) presented "The development of the psycho-analytical treatment in a patient with severe acting out defences".

At this Annual Meeting the reorganization of the Society was discussed. It has taken the name of "Spanish Psycho-Analytical Society", as the Portuguese members have applied for Study Group Status.

Paris Psycho-Analytical Society

The Society held fourteen scientific meetings of which two were colloquia of longer duration, and a commemorative meeting on 20 December, 1966, to celebrate its 40th Anniversary, with speeches by Drs Nacht, Sauguet and Lebovici.

The 26th and 27th Congresses of Romance Languages have been organized, the first by the Paris Society in Paris, the second under the auspices of the Paris Society, by the Swiss Society in Lausanne with the collaboration of other Societies as stated in Part I of this Report.

The Society has given its adherence to the European Federation, acting as host Society to its constituent meeting, Paris, 2 October, 1966.

The proposal of a new category of members for psychoanalysts having concluded their formal training but not yet having reached the status of Associates, was passed by the Business Meeting of the Society, December 1966. They will be designated as Affiliate Members, whereas the present Affiliates will receive the denomination of Corresponding Members.

Drs Loewenstein and de Saussure have officially been nominated by vote as Founding Members of the Society.

On request a series of conferences has been organized on behalf of the Section of Psychology of the General Association of Medicine Students of Paris.

Two "Seminaires de Perfectionnement" have been organized in January 1966 and 1967, under the direction of Dr S. Nacht, on behalf of members, associates and students of any of the component organizations of the I.P.A. who wish to attend.

On 30 September and 1 October, 1966 a meeting of the European Training Committees was held in Paris, discussing individual versus group supervision.

Regular technical and clinical seminars are held in Lyon on behalf of a group of analysts resident in that city by Drs Fain, Nodet and Racamier.

Activities of Members of the Society Abroad:

Mme. J. Chasseguet-Smirgel has lectured in Geneva, Zurich, Rome and Lausanne,

Dr R. Diatkine holds monthly a seminar in child-psychotherapy at the Psychiatric Clinic of the University of Geneva.

Mme. E. Kestemberg has supervised quarterly analytic psychodrama in Lausanne.

Dr S. Lebovici has been elected President of the International Association of Child Psychiatry.

Dr P. Luquet leads a monthly seminar on psycho-analytical theory, clinic and technique in Lisbon under the auspices of the Luso-Spanish Society.

Dr P. Marty has been a guest Lecturer at the University (Belgium).

Dr M. de M'Uzan went on a lecturing tour to Canada in 1965 talking at the University of Montreal, the Canadian Psychoanalytic Society and the Albert Prevost Institute of Montreal.

Dr R. Mises visited Canada in 1966, lecturing at different centres of Child Psychiatry and the Canadian Psychoanalytic Society.

Several informal discussions between leading analysts of the Paris Society and the President and the Hon. Secretary of the I.P.A. have taken place in the past two-year period which have contributed toward a better mutual understanding and a rapprochement of the two organizations.

Swedish Psycho-Analytical Society

The Swedish Society had two Annual Meetings and 16 scientific meetings comprising contributions by the following guest-lecturers:

Dr Roderic Gorney, U.S.A.: "Work and love revisited".

Dr Michael Balint, London: "Countertransference as expressed in interpretations".

Prof. Konrad Marc-Wogau: "Freud's psychoanalysis—some considerations about theory".

Dr Johan Cullberg: "Hormones".

In September 1966 the Society started a seminar on psychoanalytical child therapy for child therapists who have or have had a personal analysis.

At the Annual Meeting, 22 May, 1967 an Institute was founded by the Society, with Dr Th. Sjovall as President.

Swiss Psycho-Analytical Society

In January 1965 the Swiss Society started to circulate a printed publication, the "Bulletin", which appears biennially.

On 29 January, 1966 the 79th birthday of Dr René Spitz was celebrated in Zurich, where Miss Anna Freud read a paper and led the discussion. The President represented the I.P.A. In 1967 Dr Spitz's 80th birthday was celebrated.

A historical event took place in Geneva, February 1966, where the Presidents of the Component Societies in Europe met for the first time. The first President of the European Federation is Dr Raymond de Saussure, who at the time was also President of the Swiss Society. Miss King, and the President and Hon. Secretary of the I.P.A. were also present.

A few weeks later the President of the I.P.A. attended the Annual Meeting of the Swiss Society in Bern, after reading a paper on behalf of the candidates in Zurich.

In October/November 1966 the 27th Romance Languages Congress took place in Lausanne, which was flawlessly organized by the Secretary of the Swiss Society.

On 1 July, 1967 Dr Heinrich Meng celebrated his 80th birthday.

Viennese Psycho-Analytical Society

The Society participated in the 5th Conference of the Central European Psychoanalytical Associations in Freudenstadt in April, 1966.

The Society held 1-2 scientific meetings every month, and every two weeks a post-graduate seminar, discussion of clinical cases related to the child analytic department have also taken place.

Five members of the Society have been teaching at the University of Vienna and Erlangen.

COMPONENT SOCIETIES OF ASIA

Indian Psycho-Analytical Society

Theoretical classes on different aspects of psychoanalysis are being regularly held both in Calcutta and Bombay, as a part of the regular training course in psychoanalysis.

Clinical classes and seminars are also being conducted regularly for candidates under training.

The Silver Jubilee Celebration of Lumbini Park (one of the leading mental hospitals in India), run by the Indian Psycho-Analytical Society, was held on 16 and 17 December, 1966. The celebration was a resounding success. As a part of the ceremony, scientific discussions were held on epilepsy, psychiatric aspects of the climacteric period, and psychoanalysis and mind. Both psychiatrists and psychoanalysts presented papers and participated in discussions on them.

The 45th anniversary of the Indian Psycho-Analytical Society and the 80th birthday of Professor Girindrasekhar Bose, the founder of the Indian Society were jointly held on 22 January, 1967.

Professor Satyendranath Bose, F.R.S. presided over the celebrations. Dr T. C. Sinha, the President of the Society, spoke briefly on the origin and development of psychoanalysis in India and paid homage to Professor Bose for his great pioneering work in psychoanalysis. Dr N. N. Chatterji gave a brief historical account of the Society.

A Scientific meeting was also held as a part of the celebrations.

Of the other two Societies in Asia no reports were received.

11. Any other business

Dr P. J. Van der Leeuw: Is there any other business?

Dr Garma (Argentine): We have spoken about the place of the next Congress. I think it would also be necessary to develop some ideas about the contents of the next Congress. I would like to raise two points.

We have listened at the beginning of this Congress to the Presidential address and we were, all of us, very much impressed by this address. I think that the themes the President developed before us should not be forgotten and I propose that we think about whether one of the themes of the next Congress could not be to study the rivalries between analysts. This is one of our diseases. It has been studied by different analysts so I would suggest that this theme be discussed at the next Congress.

The second point is about the Pre-Congress on Training. All of us who attended that conference enjoyed it very much. But there were many training analysts who were not able to attend this Congress. I would like to suggest that the number of members who can attend these conferences should be increased. I think that every training analyst who wishes to attend the Pre-Congress should be permitted to do so. I quite understand that in order to do good work it is necessary to work in a small group, but instead of having such a small group increase we can have more groups of training analysts discussing the problems that are interesting to us.

Dr P. J. Van der Leeuw: Thank you, Dr Garma, but we are not occupied with the Evaluation Session, it is the Business Meeting. I hope that you will bring up your points at the Evaluation Session when we can go into them more fully.

12. Votes of Thanks

Dr P. J. Van der Leeuw: I will now proceed to the last point—the Votes of Thanks.

I would first ask you to give a vote of thanks to the Congress Organizing Committee of the Danish Society, Dr Linnemann, Mrs Philipson, Miss Iversen and Miss Kirchheiner. Our sincere gratitude goes to these people who organized this Congress so well (Applause).

Now I wish to propose a vote of thanks to the Danish Society who took the burden of organizing this Congress and worked for months on this task. (Applause.)

Then I wish to express my gratitude to the Programme Committee, the active and consulting members, but I wish to especially thank Dr Thiel, the Secretary, who in a very efficient and nice way handled the difficult problems that are within such a task. (Applause.)

I wish also to thank the Municipality of Copenhagen for their generous reception and their nice welcome. (Applause.)

The Interpreters also deserve our gratitude for the very difficult job they have done so well. (Applause.)

Another person who contributed a lot to the success of this Congress is Mr Reimer Jensen, the Press Secretary, and I wish to thank him very much. (Applause.)

Last but not least I wish to thank the British Psycho-Analytical Society for the secretarial services they have given us and especially Mrs Selwood and Miss Hughes for the active part they took in the preparations. (Applause.)

In conclusion, I wish to thank you all for your co-operation, your support and your empathy towards us.

Dr Gillespie: I think it is not I alone who wishes to say this, but all of you. I am sure you do not wish this meeting to end without a very hearty vote of thanks and confidence in our President and our Secretary. I do not think that more work has ever been done by the President and Secretary during a two-year term, including a great deal of travelling. Not perhaps since the days of St Paul. So I would like to express your thanks. (Applause.)

Dr P. J. Van der Leeuw: Thank you very much. I hope to see you at the next Congress.

The Business Meeting of the Association was then adjourned until 1969.

EVALUATION SESSION

This session was scheduled as the last Plenary Session of the Congress, and was concerned with evaluating the scientific programme just completed. The Evaluation Session also provides an opportunity for members to bring to the attention of the organizers the questions concerning other aspects of the meeting.

Dr P. J. Van der Leeuw, President of the Association, opened the session: You will understand that for the

organization of the next Congress, it is very important to know your opinions of the achievements of this Congress.

I would ask anyone who wishes to comment, or to offer suggestions, to come up to the microphone, announce their own name and their Society, and make his communication.

Dr Thiel (Netherlands): There is still a possibility for me to make myself unpopular, that is regarding

the proposed edition of the Congress Number of the International Journal. I should like to give some information on this. I am starting with a practical remark: *manuscripts* for this Congress number should be sent to me, the Secretary of the Programme Committee. *Two copies in English.* They should be sent at the earliest possible moment but not later than 1 November.

Now follows a warning. I sent a memorandum on the subject to all the authors concerned explaining that it is our intention to publish as fully as possible all the material that has been dealt with at this Congress. You have also heard at the Business Meeting that some members objected to having their papers published in skeleton form, and we are willing to consider the possibility of publishing them in a fuller form.

At the same time we have to be practical. In a consultation with *Dr Sutherland, Editor of the Journal*, he strongly advised us not to have this Journal grow into too large a volume. We shall have to limit it to 350 pages. This means that although there is some room for flexibility in handling this problem, we will not be able to publish all papers in full. You are therefore warned that some selection will take place, and that some authors will be asked to agree to publication of their papers in skeleton form.

That is the problem. There has been a question of the International Journal and discontent—I hope that we will not just change this into the Programme Committee and discontent.

Miss Freud: I remember that at the last Congress the decision was made to add one day so that on no single day would there be too many papers and events. I did not really notice that there were fewer papers and events each day even with the one day added. I think we had more days and also more occupations.

Dr Montessori: We did have fewer papers, although we still had many.

Prof. Kuiper (Netherlands): I think one of the most pleasant and important parts of an International Congress is the opportunity to talk with one another in the way one wants to. For that reason we shouldn't have evening sessions with papers. This causes unsolvable inter- and intra-systematic conflicts.

Dr P. J. Van der Leeuw: I should like you to remember that at the Evaluation Session of the last Congress one of the main complaints was that there was too little time for discussion. Therefore, to fulfil that need, the Programme Committee—itsself feeling that it is rather a strain to have such long sessions in the evening—felt it had to comply with this wish; on the other hand the symposia required more time than originally planned. This is why we organized it in the way we did. It was, for us, the only way to give many people more time for discussion.

In this connexion I would like to say something about Miss Freud's question, which perhaps will clarify the impression she received. We definitely

had fewer individual papers this time. What, on the other hand, might have created the impression that there was no lessening in work is that we had more time for discussion from the floor of each individual paper, and that we introduced for the first time the presentation of brief communications.

Dr Schur (U.S.A.): This Congress had two symposia, one on selection of patients for analysis and one on psychosomatic medicine. Both symposia were divided into two parts with different moderators and different speakers. While this provided an opportunity to have two more moderators for each topic and lessened the burden for each individual moderator, I think it took something from the continuity to make it a real symposium.

The question is whether it wouldn't be an advantage to arrange such symposia, as they really should be symposia on this topic—like a panel discussion—with only one moderator and to have the whole programme organized in a more unified manner. This is not an easy problem to solve but it is something which I had in mind for discussion.

Dr P. J. Van der Leeuw: I don't think there is any one problem for the Programme Committee that is easy to solve with the growing participation in the Congresses. This will, however, be considered and we will try to find a way to give more satisfaction.

Dr Brenner (U.S.A.): I should like to express my appreciation for what I found a very useful and extremely enjoyable Congress. I think that the Programme Committee and its Chairman and Secretary are to be congratulated.

I have one request to make that has to do only with the timing of the meeting. Because of the way the callendar ran this year the meeting was scheduled, unintentionally, a week earlier than it usually is. That is to say the usual practice would have been for the meeting to have started on Sunday and run over into August. This makes a considerable difference to a number of American colleagues. Because of our holiday tradition of not starting back to work until early in September it makes an unusually long break, so that a number of colleagues found it impossible or inconvenient to attend the Congress purely because of it commencing too early in the month of July. I would urge the Programme Committee and the Executive Council to keep to the more usual time of scheduling the Congress if it is possible to do so.

Dr P. J. Van der Leeuw: I would like to add a few words on this point. Indeed most of the Congresses—and I went through the list from 1951 onwards—were planned somewhat later in the month of July. Since the last Congress we have had the Pre-Congress on Training; and because of being dependent on the place where the Congress is convened, it can be necessary to finish before August in view of the complications of the tourist season in Europe. I can assure you, we will consider this point anew and see if there is anything we can do about it.

Dr Vanggaard (Denmark): Being a European and having lived in the United States I wish to really emphasize that what Dr Brenner said is very important. It makes it impossible, or too inconvenient, for too many Americans to come over here if the Congress is as early as it was this year. I think one has to find ways and means of having it later.

Dr Sandler (U.K.): I was in doubt about speaking because of the nature of the point I want to make which might not really appeal to everyone. I felt very strongly, and I am sure many others have, that much of the discussion we have had, on the concept of acting-out for instance, has consisted really of our talking at one another rather than to one another. That the problems of definition, which have been mentioned today, also come up. My thought was simply this: could we not have as a theme in the next Congress something on concepts and communication? I think this touches not only on the specific problems of definition but shows also that there are such wide areas of differences in communication. Maybe these are fundamental differences and maybe some of them are spurious; but could we really not attempt to go to the heart of the matter? This has been the concern of many of us.

We really have not considered the status, the function, the changing role, the use to which we put concepts and terms in psychoanalytic theory.

I said at the beginning that I hesitated to bring this up, because it sounds a very dry subject which would certainly not appeal to many people. But I think that perhaps something could be done without sacrificing that aspect which appeals to all of us, namely the clinical material and discussion of the clinical material.

Dr Greenson (U.S.A.): I disagree, quite strongly, with the point of view of the previous speaker about a need for a meeting at which we would talk about the concept. I think, from my point of view, we would have done much better in gaining more clarification about acting-out if we had started this meeting with clinical descriptions of varieties of re-enactments and relivings. After we had had a sufficient number of examples of different forms of neurotic behaviour occurring during the course of psychoanalysis then we could have a meeting on making a definition.

We ended with Miss Anna Freud finally attempting this. I feel she was at a tremendous disadvantage doing this without having the time to give examples of what is a reliving in an analysis, what is a neurotic reaction in an analysis, what is just a rational action in an analysis and what is acting-out in analysis. Only if we stick to what we know best, which is clinical varieties of experiences with different kinds of patients under different sets of circumstances in analysis, will we ever end with a definition. We can never start fruitfully with a definition.

Dr Feder (Mexico): I take this opportunity to ask if it could be put in the agenda that when themes for the next Congress are considered the following is

also considered: Interaction between practice and theory.

The purpose of this proposition is to study the predominant convergencies as well as the predominant differences in the evolution of the psycho-analytic theory to this date.

Dr Edgardh (Sweden): I would like to ask the Council whether they have not shown almost a too high degree of courtesy to the general conference in estimating that we were all prepared for the very high level on which all these specific, complicated and intriguing matters were treated. What I would like to ask and suggest for the next Congress would be, if possible, one or two days of teaching, education, training, summarising for those who are not really high-brow, for those of us who have not been able to read as much as we would have wanted to be well prepared, to give some kind of historical summary in a more elaborate form than we had this year.

This would facilitate our being able to follow and to get to the centre of the crucial points.

I would also like to request all those who have shown an interest to get a copy of the literature-list on acting-out before 1960.

My third point would be to stress what Miss Freud said in the beginning i.e. that the increase of the annual fee to the International Association is something that we are happy about, something that gives us an opportunity to express the immense estimation and thankfulness that we all feel for the tremendous work that the Council and the leaders have invested in the Congress.

Dr P.J. Vander Leeuw: Concerning the first remark, I can say that the attitude of the Programme Committee has been, in view of the changing aspect of the participants, to give as much chance as possible to the younger members to profit from the programme, offering at the same time to older members ample opportunity to express their personal experiences. One of the reasons why we chose a main topic was to give the younger people a review which they could use as a basis for further study. I do not think that it can be the aim of the International Congress to be a post-graduate course on psychoanalysis.

Dr Oosters (Netherlands): I am a candidate and I should like to speak as one. I think I learnt a lot from this Congress but I believe that I would have had more out of it if I had had the chance to read over most of the papers that have been presented here.

I gather that the more experienced among you need only to see a name and hear a few sentences even if in a language other than your own, and you grasp the point. For us it is a bit more difficult. I realize your objection: that it would mean a lot of paper-work to pre-circulate the material in different languages; but I feel that it would be much easier for us to understand it. Perhaps then we could start directly with the discussion. The speaker would not need to read the paper, it having already been distributed. I think I would have been better prepared

and would have learnt more had it been dealt with in that way.

Dr Szekeley (Sweden): I would also add a suggestion in the form of a question. Would it be possible, as at the mid-winter meetings in New York, for candidates to organize case conferences where candidates from different countries could get together and discuss a case with the help of a leading analyst?

This might be called a post-graduate thing too, but it is done in New York with very good results.

Dr P. J. Van der Leeuw: I do not doubt that it is very productive there, but we will have to consider if this is a possibility also in these Congresses.

Dr Boulanger (Canada): I just want to make a brief remark about the timing of the Congress. I am a North American from Montreal in Canada.

When discussing the timing of the Congress, perhaps you could take into consideration the case of many analysts who have hospital or university appointments, where they generally take a full month's holiday during the summer. If everything could be held in July or in August it would be feasible for most to come to the Pre-Congress Conference on Training, to the London Pre-Congress and to other meetings, as long as it is all in the same month. I myself have difficulties in coming for part of July and part of August, and this is the case with many psychoanalysts.

Dr P. J. Van der Leeuw: I can assure you that we will seriously consider the timing of the next Congress. I cannot give any solution now as to the possibilities.

Dr de Saussure (Switzerland): I would like to start by thanking very warmly the Council and the Organizing Committee responsible for this Congress, for I consider that this Congress has been a great success. All the members had the opportunity of taking part in the discussions, and I think that from this standpoint it was very important to have this organization.

If there is a small criticism that I could make, it is that it might have been even more interesting if one had been able to divide the subject of "acting-out" so that one day we discussed the clinical side and another day the theoretical side.

I do not know what subject will be chosen for the next Congress, but perhaps it might be preferable not to discuss the whole subject at every session but to divide it into several discussions, one part each day.

Dr Pines (U.K.): This has been a very pleasant Congress to attend, but my feeling is that it has not been a very exciting Congress. One of the speakers spoke once about the mixture of pleasure and fright that a patient should get in his first session of analysis and this is the feeling I have missed. I haven't been frightened and I haven't been excited in this Congress.

I hope that the Programme Committee will understand that as I have had some experience in organizing a large Congress I realize their task is impossible; but still we are in an impossible profession and we have to try to face the impossibilities of our Congress organization.

What I feel I have lacked is the opportunity to take part in a Congress where the feeling that psychoanalysis is at a growing point, where research is being done, where we are engaged in an exciting and difficult and at times terrifying profession; this is something that we can get together and talk about. There haven't been enough opportunities for us to form groups, to make the sort of active working group which can carry on into the evening, where people feel they get to know one another.

I think we do have to go on working in the evenings, but we have to go on working in our own informal group-ways. Therefore, having papers again in the evening holds us back from being able to do this.

There are these points:

One is perhaps a symposium or group where people who are doing research can get together to talk about their difficulties, research methods, and the work they are actually doing all over the world. The rest of us who are not actively engaged on this can eavesdrop and learn from it.

Another point would be: is this a Congress for psychoanalysis or is it a Congress of psychoanalysts? Psychoanalysts do many different things and not only psychoanalysis. This is a difficult thing for us to face and yet we know that in the British Society possibly 60 per cent of the members of the Society are working in the National Health Service not purely as psychoanalysts. Somewhere I think recognition of this, although I know we have had a meeting on the psychotherapeutic hospital, might be more accepted.

One final point; it has been said that coming to speak here, high up, is like coming to address a congregation from a pulpit in a church. It seems to me that many speakers feel the need to testify, at the beginning of their papers, to a belief in psychoanalysis. Therefore, the first five or ten minutes of many papers are for all of us repetitions. Could we not accept either that we are all psychoanalysts, and, therefore, do not need to testify to other people that we should be accepted as psychoanalysts and have an inbuilt discipline, or have the Programme Committee edit this out of all the speeches—out go the first three pages—and people get into the meat of what they have to say. (Applause.)

Dr P. J. Van der Leeuw: having ascertained that no one else wished to speak, then closed the *Evaluation Session*, thanking the delegates for their co-operation.

APPENDIX I

PROGRAMME OF SCIENTIFIC EVENTS

Monday, 24 July 1967

9.00 a.m.

Plenary session.

Chairman: P. J. Van der Leeuw, President of the I.P.A.

Opening of the Congress by the President of the I.P.A., P. J. Van der Leeuw.

Welcome Address: Ebbe J. Linnemann (Copenhagen), Secretary of the Organizing Committee.*Presidential Address:* P. J. Van der Leeuw (Amsterdam).

10.45 a.m.

Plenary session.

Main Theme: On Acting out and its Role in the Psychoanalytic Process.

Chairman: Heinz Hartmann (New York)*Speakers:* 1) Anna Freud

2) Leon Grinberg (Buenos Aires).

3.30–6.00 p.m.

Discussion of Main Theme in Simultaneous Language Sessions.

English I:

Chairman: Arthur F. Valenstein (Cambridge, Mass.)*Reporter:* John Klauber (London)*Opener of Discussion:* Hedy Schwarz (London).

English II:

Chairman: Paula Heimann (London)*Reporter:* Victor Calef (San Francisco)*Opener of Discussion:* Burness E. Moore (New York).

French:

Chairman: Henri Sauguet (Paris)*Reporter:* J. Laplanche (Paris)*Opener of Discussion:* Julien Rouart (Paris).

German:

Chairman: Paul Parin (Zürich)*Reporter:* Erich Heilbrun (Berlin)*Opener of Discussion:* Margarete Mitscherlich-Nielsen (Heidelberg).

Spanish:

Chairman: Pedro Bofill (Barcelona)*Reporter:* Avelino Gonzalez (Mexico)*Opener of Discussion:* Hector Garbarino (Montevideo).

Tuesday, 25 July 1967

9.00 a.m.

Two Simultaneous Symposia.

I) Psychosomatics.

Moderator: Max Schur (New York)*Speakers:* 1) Morton F. Reiser (New York)

2) Alexander Mitscherlich (Heidelberg).

II) Indications and Contraindications of Psychoanalytic Treatment.

Moderator: Samuel A. Guttman (Pennington, N.J.)*Speakers:* 1) Elizabeth R. Zetzel (Cambridge, Mass.)

2) P. C. Kuiper (Amsterdam).

11.15 a.m.

Plenary session.

Main Theme: On Acting out and its Role in the Psychoanalytic Process.

Chairman: Marie Langer (Buenos Aires).

Reports on language sessions:

11.15 John Klauber

11.30 Victor Calef

11.45 J. Laplanche

12.00 Erich Heilbrun

12.15 Avelino Gonzalez

12.30 Discussion from the floor.

3.30–6.00 p.m.

Individual Papers and Brief Communications in Simultaneous Sessions.

Section I

Chairman: Joao Côrtes de Barros (Rio de Janeiro)

Simultaneous Translation.

3.30 C. Philip Wilson (New York)

"The Relationship between Psychosomatic Asthma and Acting-out: A Study of a Case of Bronchial Asthma that Developed de Novo in the Terminal Phase of Analysis"

3.55 *Discussant:* Michel de M'Uzan (Paris)

4.05 Discussion from the floor

5.00 H. Musaph (Amsterdam)

"Psychodynamics in Itching States"

5.25 *Discussant:* Clemens de Boor (Frankfurt/Main)

5.35 Discussion from the floor.

Section II

Chairman: Jean Bourdon (Brussels)

3.30 Judith S. Kestenberg (New York)

"Acting Out in the Analysis of Children and Adults"

3.55 *Discussant:* Moses Laufer (London)

4.05 Discussion from the floor.

5.00 Rudolf Ekstein (Los Angeles)

"Impulse-Acting Out-Purpose; Psychotic Adolescents and their Quest for Goals"

5.25 *Discussant:* Anna Maenchen (Berkeley, Calif.)

5.35 Discussion from the floor

Section III

Chairman: Thorsten Sjövall (Nacka)

3.30 James Naiman (Montreal)

"Short Term Effects as Indicators of the Role of Interpretations in Psychoanalysis"

3.55. *Discussant*: Rudolph M. Loewenstein (New York)

4.05 Discussion from the floor

5.00 Herbert F. Waldhorn (New York)

"Indications and Contraindications: Lessons from the Second Analysis"

5.25 *Discussant*: David Liberman (Buenos Aires)

5.35 Discussion from the floor

Section IV

Chairman: Veikko Tähkä (Helsinki)

3.30 Robert J. Stoller (Los Angeles)

"A Further Contribution to the Study of Gender Identity"

3.55 *Discussant*: Marcel Heiman (New York)

4.05 Discussion from the floor

5.00 Justin D. Call (Los Angeles)

"Lap and Finger Play in Infancy. Implications for Ego Development"
(With Film)

5.25 *Discussant*: Willi Hoffer (London)

5.35 Discussion from the floor

Section V

Brief Communications, Simultaneous Translation.

Chairman: Francisco Alvim (Lisboa)

3.30 William R. Adams (Cleveland)

"Vaginal Awareness and the Sense of Identity"

3.45 Ralph R. Greenson (Beverly Hills)

"Disidentifying from Mother: Its Special Importance for the Boy"

4.00 Klaus D. Hoppe (Beverly Hills)

"Resomatization of Affects in Victims of Persecution"

4.15 Hans F. Fink (Portland, Oregon)

"Developmental Arrest as Result of Nazi Persecution during Adolescence"

5.00 Arnold L. Gilberg (Beverly Hills)

"The Ecumenical Movement and the Treatment of Nuns"

5.15 Laura Achard de Demaria (Montevideo)

"El Acting Out Homosexual"

5.30 Esther Bick (London)

"The Experience of the Skin in Early Object Relations"

5.45 Daniel Widlöcher (Paris)

"Contribution à l'Etude du Changement Individuel au Cours du Processus Analytique"

8.30 p.m.

Continuation of the Simultaneous Symposia
I Psychosomatics.

Moderator: J. Bastiaans (Leyden)

Speakers: 1) Angel Garma (Buenos Aires)

2) Pierre Marty (Paris)

3) Melitta Sperling (New York)

II Indications and Contraindications of Psychoanalytic Treatment.

Moderator: Arthur F. Valenstein (Cambridge, Mass.)

Speakers: 1) René Diatkine (Paris)

2) Samuel A. Guttman

(Pennington, N. J.)

3) Alfredo Namnum (Mexico).

Wednesday, 26 July 1967

9.00 a.m.

Business Meeting

Thursday, 27 July 1967

9.00 a.m.

Two Simultaneous Symposia

I. Psychic Traumatization through Social Catastrophe

(Late Psychic Sequelae of Man-made Disasters).

Moderator: Martin Wanhg (New York)

Speakers: 1) H. Winnik (Jerusalem)

2) E. de Wind (Amsterdam)

3) Erich Simenauer (Berlin).

II. Child Analysis and Pediatrics:

The Influence of Bodily Illness and Malformation in Early Childhood on Mental Development.

Moderator: Anna Freud

Speakers: 1) Robert A. Furman (Cleveland)

2) Albert J. Solnit (New Haven).

11.15-1.00 p.m.

Individual papers in simultaneous sessions

General Schedule:

11.15 Speaker I

11.40 Discussant I

11.50 Discussion from the floor

12.05 Interval

12.10 Speaker II

12.35 Discussant II

12.45 Discussion from the floor

Section I

Chairman: Georges Favez (Paris).

Simultaneous translation.

Shelley Orgel (Norwalk, Conn. (and

Leonard Shengold (New York)

"The Fatal Gifts of Medea"

Discussant: P. C. Kuiper (Amsterdam).

José Barchilon (Denver)

"Camus' 'The Fall'; a Psychoanalytic Study"

Discussant: W. Granoff (Neuilly sur Seine).

Section II

Chairman: Herbert Rosenfeld (London)

Simultaneous translation.

Maltile and Arnaldo Rascovsky (Buenos Aires)

"The Genesis of Acting Out and Psychopathic Behaviour in Oedipus. Enlightenment of Filicide"

Discussant: H. A. Van der Sterren (Amsterdam)
Donald Meltzer (London)

"Terror, Persecution, Dread—A Dissection of Paranoid Anxieties"

Discussant: Franco Fornari (Milano).

Section III

Chairman: Henry Wexler (New Haven)

L. Haas (London)

"The Secondary Defensive Struggle against the Symptom in Sexual Disturbance"

Discussant: Lajos Székely (Nacka).

L. Börje Löfgren (Stockbridge, Mass.)

"Castration Anxiety and the Body Ego"

Discussant: Margaret S. Mahler (New York).

Section IV

Chairman: Hedda Eppel (Vienna)

T. C. Sinha (Calcutta)

"Observations on the Concept of Ego"

Discussant: Samuel Z. Orgel (New York).

James Alexander and Kenneth S. Isaacs (Chicago)

"The Psychology of the Fool"

Discussant: Lois Munro (London).

3.30–6.00 p.m.

Individual Papers and Brief Communications in Simultaneous Sessions.

Section I

Chairman: Raymond de Saussure (Geneva)

Simultaneous Translation.

3.30 Charles Brenner (New York)

"Archaic Features of Ego Functioning"

3.55 *Discussant:* Didier Anzieu (Paris)

4.05 Discussion from the floor

5.00 Mark Kanzer (New York)

"Ego Alteration and Acting Out"

5.25 *Discussant:* Samuel Ritvo (New Haven)

5.35 Discussion from the floor

Section II

Chairman: David Zimmermann (Porto Alegre)

3.30 Edwin C. Wood (Hartford, Conn.)

"Acting Out Viewed in the Context of the Psychotherapeutic Hospital"

3.55 *Discussant:* Ebbe J. Linnemann (Copenhagen)

4.05 Discussion from the floor

5.00 J. J. Sandler and W. G. Joffe (London)

"Comments on the Psychoanalytic Psychology of Adaption, with special Reference of the Role of Affects and the Representational World"

5.25 *Discussant:* Tobias Brocher (Frankfurt/Main)

5.35 Discussion from the floor

Section III

Chairman: Isidoro Tolentino (Milano)

3.30 Lucille B. Ritvo (Woodbridge, Conn.) and Max Schur (New York)

"A Principle of Evolutionary Biology for Psychoanalysis. Schneirla's Evolutionary

and Developmental Theory of Biphasic Processes Underlying Approach and Withdrawal and Freud's Pleasure and Unpleasure Principles"

3.55 *Discussant:* P. J. Van der Leeuw (Amsterdam)

4.05 Discussion from the floor

5.00 Max M. Stern (New York)

"Fear of Death; Remarks about an Addendum to Psychoanalytic Theory and Technique"

5.25 *Discussant:* Robert A. Furman (Cleveland)

5.35 Discussion from the floor

Section IV

Chairman: Edward D. Joseph (New York)

3.30 Philip Weissman (New York)

"Ego Functioning in Creativity"

3.55 *Discussant:* Peter L. Giovacchini (Chicago)

4.05 Discussion from the floor

Chairman (after Interval): Kenneth T. Calder (New York)

5.00 Andrew Peto (New York)

"On Affect Control"

5.25 *Discussant:* Robert S. Wallerstein (San Francisco)

Section V

Chairman: Carlos Plata-Mujica (Bogotá).

Brief Communications. Simultaneous Translation.

3.00 W. E. Freud (London)

"Some general Reflections on the Metapsychological Profile"

3.15 Ralph B. Little (Philadelphia)

"The Resolution of Oral Conflicts in a Spider Phobia"

3.30 Otakar Kucera (Prague)

"On 'Being Acted on'"

3.45 Leonard L. Shengold (New York)

"Once Doesn't Count"

4.00 Harold P. Blum (Hempstead, N.Y.)

"Childhood Physical Illness and Invalid Adult Personality"

4.15 Norman B. Atkins (Los Angeles)

"Acting Out and Psychosomatic Illness as Related Regressive Trends"

5.00 Dorothy Burlingham (London)

"On Occupations and Toys for Blind Children"

with Film by James Robertson (London)

8.30 p.m.

Continuation of the Simultaneous Symposia

I. Psychic Traumatization through Social Catastrophe

Moderator: Thorkil Vanggaard (Copenhagen)
Speakers: 1) Ruth Jaffe (Ramath-Gan)
 2) William G. Niederland (New York)
 3) Alfred Lorenzer (Frankfurt/Main)
 4) Martin Wanhg (New York).

II. Child Analysis and Pediatrics:

The Influence of Bodily Illness and Malformation in Early Childhood on Mental Development.

Moderator: Serge Lebovici (Paris)

Speakers: 1) J. L. Lang (Paris)
 2) Emilo Rodrigue (Buenos Aires)
 3) Benedetto Bartoleschi and Arnaldo Novelletto (Rome)
 4) Donald W. Winnicott (London).

Friday, 28 July 1967

9.00 a.m.

Plenary session

Main Theme: On Acting out and its Role in the Psychoanalytic Process.

Chairman: Charles Brenner (New York)

Speakers: 1) Leo Rangell (Los Angeles)
 2) Serge Lebovici (Paris)

11.15 a.m.

Plenary Session. Main Theme, cont.

Chairman: William H. Gillespie (London)

Speakers: 3) Thorkil Vanggaard (Copenhagen)
 4) Phyllis Greenacre (New York)

3.00 p.m.

Panel Discussion

Moderator: Jacob A. Arlow (New York)

Members of the Panel:

Anna Freud (London)
 Jeanne Lampl-de Groot (Amsterdam)
 David Beres (New York).

Evaluation Session

Chairman: P. J. Van der Leeuw

Congress closed.

ANNOUNCEMENT I

26TH INTERNATIONAL PSYCHO-ANALYTICAL CONGRESS, ROME 1969

The 26th International Psycho-Analytical Congress will be held in Rome from 28 July-1 August, 1969, under the auspices of the Italian Psycho-Analytical Society, Via di Villa Emiliani, 4 Roma.

Registration will take place on Sunday, 27 July, 1969.

The Co-Chairmen of the Programme Committee

for the Congress are Prof. Dr. E. C. M. Frijling-Schreuder and Dr. J. Lampl-de Groot.

The Secretary of the Programme Committee is Dr. Treurniet, de Lairessestraat 128, Amsterdam Z.

The Secretary of the Organizing Committee is Dr. Lyda Zaccaria Gairinger, Via Salaria 237, Rome, Italy.

Further details will be circulated when they are finalized.

ANNOUNCEMENT II

3RD PRE-CONGRESS CONFERENCE ON TRAINING, ROME, 1969

A third Pre-Congress Conference on Psycho-Analytic Training will be organized to precede the 26th Congress in Rome.

The first informal meeting of the Conference will be held on the evening of Thursday, 24 July, 1969.

The discussions will start on Friday morning 27 July, and continue until Saturday 26 July, 1969, at one o'clock.

The Chairman of the Organizing Committee is Dr. A. J. Solnit, Child Study Centre, Yale University, 333 Cedar Street, New Haven, Conn. 06510.

The Secretary is Dr. S. L. Lustman, 590 Ellsworth Avenue, New Haven, Conn., 06511.

Further details will be circulated when they are finalized.

ANNOUNCEMENT III

NOTICE OF TAPE-RECORDING

Plenary Session, 24th July, 1967.

Main Theme: "On Acting Out and its Role in Psychoanalytic Process."

A tape-recording of Miss Freud's contribution is available, price 4 guineas, direct from: Sound News Productions, 10 Clifford Street, London, W.1.

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CONSTITUTION AND BYELAWS
OF THE
INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

*As accepted at the 25th Congress of the International
Psycho-Analytical Association held at Copenhagen in 1967*

CONSTITUTION AND BYELAWS OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

as accepted at the 25th Congress of the International Psycho-Analytical Association held at Copenhagen in 1967

1. Title

The name of the organization shall be "The International Psycho-Analytical Association", hereinafter referred to as "The Association."

2. Definition of Psycho-analysis

The term "psychoanalysis" refers to a theory of personality structure and function, application of this theory to other branches of knowledge, and, finally, to a specific psychotherapeutic technique. This body of knowledge is based on and derived from the fundamental psychological discoveries made by Sigmund Freud.

3. Objects of the Association

- (a) To facilitate communication among psychoanalysts and psychoanalytic organizations by means of appropriate publications, scientific congresses and other meetings.
- (b) To promote training and education standards which will favour the continued development of psychoanalysis.
- (c) To support the formation and development of psychoanalytic organizations.

4. Location of the Association

The principal office of the Association shall be located in the country of the President.

5. The Composition and Membership of the Association

The Association is composed of Members and Associate Members.

(a) Qualifications for Acquiring and Retaining Membership of the Association

(i) Membership

(A) *Component and Provisional Societies*
Membership of the Association is automatically granted to members of Component or Provisional Societies under the conditions established by these organizations.

(B) *Regional Association and their Affiliate Societies*

Membership of the Association is automatically granted to members of a Regional Association under the conditions it has established. Membership is not granted to members of Affiliate Societies who are not also members of the relevant Regional Association.

(ii) Associate Membership

Associate Membership of the Association is automatically granted to Associate Members of Regional Associations, Component and Provisional Societies in which this form of membership is contingent on satisfactory completion of a training programme leading to qualification for the practice of psychoanalysis.

Associate Membership of the Association is not granted to Associate Members of Component Organizations in which this form of membership does not include this qualification.

Associate Membership of the Association is not automatically granted to Associate Members of Affiliate Societies who are not also Associate Members of the Regional Association to which the Affiliate Society belongs.

(iii) The Eligibility of Members of Study Groups for Membership and Associate Membership of the Association

Membership or Associate Membership of the Association is not automatically granted to members of a Study Group. Individual members of a Study Group which is sponsored either by a Component Society or direct by the Council through a special Committee, are eligible for Membership or Associate Membership of the Association under the conditions stated below:

Individual members of a Study Group which is sponsored by a Component Society, may be granted Membership or Associate Membership of the Association if the sponsoring Component Society considers such individuals to be appropriately qualified and experienced.

Individual members of a Study Group which is sponsored by the Council through a special Committee appointed by it, may be granted Direct Membership or Associate Membership by the Council if the sponsoring Committee considers such individuals to be appropriately qualified and experienced.

(iv) Direct Membership of the Association

In exceptional circumstances, where there are no existing Regional Associations or appropriate Component Societies to

establish conditions for the qualification and recognition of psychoanalysts, the Council may recommend to a Business Meeting of the Association that Direct Membership or Associate membership be granted to persons who, in their opinion, have had adequate training and experience and whose membership of the Association would further the continued development of psychoanalysis.

(v) *Transfer of Residence and Membership*

If a Member or Associate Member of the Association shall transfer residence to an area in which he is not eligible for membership of the appropriate local Component Organization of the Association, he may retain membership of the Association by reason of his continued membership of his former Component Organization of the Association. If, however, a Member or Associate Member wishes to belong to more than one Component Organization of the Association, he must inform the Secretary of the Association through which Component Organization he wishes to hold membership of the Association. This information shall be included in the Roster of the Association.

(vi) *Termination of Membership*

Any Member or Associate Member who ceases to be a member of a Component organization of the Association shall cease to be a Member or Associate Member of the Association. Direct Membership or Associate Membership of the Association may be terminated by the Council either when it is no longer the appropriate status for an individual or when, in the opinion of the Council, such a Member or Associate Member is unwilling to abide by the Statutes and By-laws of the Association. Any Member or Associate Member whose Direct Membership is terminated by the Council has the right of appeal to the next Business Meeting of the Association.

(b) *Eligibility to Vote and to Hold Office*

Members shall have the right to attend Business Meetings of the Association, to vote and to be elected to office at such meetings. Associate Members shall have the right to attend such Business Meetings, but may not vote or stand for election to office.

(c) *Right of attendance at Scientific Meetings*

All Members and Associate Members shall have the right to attend Scientific Meetings of any

Component Organization of the Association, and, on payment of Congress fees, to attend the scientific proceedings of International Psycho-Analytical Congresses. Members and Associate Members of Affiliate Societies who are not Members of their Regional Association may attend the Scientific proceedings of these Congresses, on payment of Congress fees.

6. *Component Organizations of the Association*

(a) The Association includes and may give formal recognition to such organizations as follows:

- (i) Regional Association
- (ii) Component Society
- (iii) Provisional Society
- (iv) Study Group
- (v) Associated Organization

The difference between the above five types of regional or local organizations relates to the degree of responsibility they exercise over the establishment of standards, approved training programmes, and the qualification of analysts.

(i) *Regional Association*

A Regional Association comprises a number of Societies in a Continental, Sub-continental or National Region in which ultimate responsibility for matters related to the training and qualification of psychoanalysts is assigned to the Regional Association. The Regional Association is also responsible for the development and recognition of new Societies and training facilities within its geographical area. Societies belonging to a Regional Association are defined as Affiliate Societies of that Regional Association. The Regional Association is recognized accordingly by the Association. The Affiliate Societies of a Regional Association derive recognition through the Regional Association and are not directly recognized by the international Association. The recognition of Regional Associations shall be contingent on the development of organized psychoanalysis in different parts of the world. Informal associations in geographical areas shall not be formally recognized unless and until a Regional Association can assume the overall responsibility for the establishment and maintenance of training standards. The growth and development of such associations may be encouraged by consultation with the Council.

(ii) *Component Society*

A Component Society is defined as a component organization directly affiliated to the International Association. It does not include Affiliate Societies belonging to a Regional Association.

Component Society status includes recognition as an organization authorized to train and qualify students for the practice of clinical psychoanalysis. Admission to Component Society status shall be preceded by a period of provisional recognition during which regular reports of training activities have been submitted to the Council.

(iii) *Provisional Society*

Admission to Provisional Society status shall be by majority vote of a Business Meeting, on the recommendation of the Council. In general, the requirements for Provisional Society status shall be that the local organization contains at least ten (10) Members and Associate Members of the Association, of whom at least six (6) shall be Members, and four (4) shall have been recognized by the Council as competent to undertake training analyses. This local organization (which may be a Study Group) shall have proved, to the satisfaction of the Council and Business Meeting of the Association, that it is competent to further the objects of the Association, and to maintain the standards and regulations laid down in its Statutes and Byelaws.

A Provisional Society is authorized to establish training facilities and to qualify psychoanalysts. A report of such training activities shall be submitted to the Council sufficiently in advance of each Congress to allow them to assess the training and qualification standards and procedures, and to report to the Business Meeting accordingly.

(iv) *Study Group*

A group of Members in a locality not adequately served by a Society may be recognized by the Association as a Study Group. Study Groups may be sponsored as follows:

- (A) By a Component Society which has been approved by the Council as competent to undertake the responsibility of assisting the Study Group to achieve the standards necessary for Provisional Society status.
- (B) By the Council itself if it considers that there is no appropriate Component Society available to take the responsibility for an otherwise eligible Study Group. The Council shall then make arrangements for direct sponsorship through specially appointed com-

mittees. Sponsorship under these conditions will imply that graduates of such Study Groups will be eligible for Membership of the Association.

Admission to Study Group status shall be by decision of the Council. In general, the requirements for Study Group status shall be that the local group contains at least four (4) Members or Associate Members of the Association.

Such recognition of Study Group status implies that qualified students may be trained under the auspices either of a sponsoring Society or by direct sponsorship of the Association. It does not imply direct authorization to take responsibility for training. The sponsoring group, whether a Component Society or a committee appointed by the Council may, however, undertake training and qualification activities on behalf of the Study Group. It may also utilize the services of members of the Study Group qualified to act as teachers, supervisors, or training analysts.

(v) *Associated Organization*

An Associated Organization is a local group which has had Society status but which is no longer authorized to establish training facilities or to qualify psychoanalysts.

(b) *Obligations of Component Organizations*

All Component Organizations must abide by the Statutes and Byelaws of the Association.

(c) *Application for a Change of Status*

All applications for a change of status, with appropriate supporting information, must be in the hands of the Secretary at least two (2) clear months before the date of the Business Meeting of the Association.

(d) *Rescinding of Status of Component Organization*

The status of any Regional Association, Component Society, Provisional Society or Associated Organization may be rescinded by a two-thirds majority vote of the Business Meeting of the Association. Such action must have been preceded by deliberation by the Council which has reached a consensus that the Organization is no longer in a position to maintain its existing status. An Organization may, however, be designated as an Associated Organization if the Council has reached the conclusion that its membership is competent to further the objects of the Association in its general scientific activities.

7. *Training and Qualification of Psychoanalysts*

¶ The authority to select candidates, to control training and to qualify analysts is regarded as the function of organized training bodies. It is not to be delegated to any psychoanalyst as an individual. Official bodies recognized by the Association shall accept applicants for training only after they have agreed neither to conduct psychoanalytic treatment nor to represent themselves as psychoanalysts until they have been authorized to do so by those committees or Training Institutes responsible for their training. Where groups of psychoanalysts develop in circumstances which preclude participation in a recognized organization, their development and growth may be pursued under the direct sponsorship of the Association. (See Statute 6, (a) (iv)—Study Group).

Any training Institute or committee wishing to train a candidate from a country which has an approved training body must confer with that training body before accepting the candidate for training.

The recognition of a Member as competent to participate in the training activities of a Society or Training Institute is valid only for that particular Society or Training Institute.

8. *Executive Structure and Administration of the Association*

The supreme control of the Association shall be vested in the meeting of its Members duly convened in conjunction with each International Psycho-Analytical Congress. This meeting shall be called the Business Meeting of the Association.

Between Business Meetings, the President and Council shall be empowered to act on behalf of the Association, to administer its business and to further its objects.

(a) *Business Meeting*

The Business Meeting and the International Psycho-Analytical Congress shall be convened by the Council once every two years. The Business Meeting shall be conducted by the President and in accord with the procedures laid down in the Byelaws. In the absence of the President, the Council shall elect a Chairman from among their number.

The Secretary shall present to the Business Meeting a report of the main activities of the Council and of the Component Organizations of the Association during his term of office, and this report shall be submitted to the Business Meeting for adoption by a simple majority vote.

(b) *Officers of the Association*

The Officers of the Association shall comprise:

- (1) The President
- (2) The Treasurer

(3) The Secretary

(4) The Associate Secretaries

(5) The Vice-Presidents (Council Members)

(6) The Honorary Officers

(c) *The Council of the Association*

The Council shall be composed of the President, Treasurer, Honorary Secretary, and not less than four Council Members (Vice-Presidents) elected according to the procedure set forth in the Byelaws of the Association. The exact number of Council Members to be elected shall be decided by the Council, prior to the beginning of the Congress, and announced on the first day of the Congress. Each outgoing President shall be a Member of the Council for the two years following completion of his term of office. The Honorary Officers of the Association and the Associate Secretaries of the Association shall be Members of the Council *ex Officio*. The Associate Secretaries, however, shall not have voting powers on the Council. More than half of the Council Members (Vice-Presidents) shall belong to Component Organizations other than that of the President.

(d) *Honorary Officers*

The Business Meeting may, on the recommendation of the Council, elect an Honorary President and one or more Honorary Vice-Presidents to hold office for life. Such Honorary Officers shall be honorary members of the Council, without voting powers.

(e) *Official Publications*

The official organ of the Association is the Bulletin of the International Psycho-Analytical Association, edited by the Secretary, published in a journal or journals as approved by the Council. The proceedings of Business Meetings and the Membership Roster of the Association shall be published at regular intervals. Proposed amendments to the Constitution and Byelaws shall appear in the first Bulletin published in any Congress year. Announcements and reports from Regional Associations, Component Societies, the Council or special committees may be published at the discretion of the President. The President may also publish in the Bulletin correspondence or communications which he may deem appropriate for circulation to Members of the Association. Copies of the Bulletin shall be circulated to all Members and Associate Members of the Association.

9. *Amendments to the Statute and Byelaws*

The Statutes and Byelaws of the Association may be amended as follows:

(a) An amendment may be proposed in a Resolution signed by any ten (10) Members of the Association. The proposed amendment must be sent in writing to the Secretary of the Association sufficiently in advance of the next Business Meeting of the Association to allow time for its publication in the Bulletin of the Association in the first number of the Journal published in any Congress year. In addition, all such proposed Amendments shall have been posted to Component Organizations and Direct Members of the Association by 1 January of the year in which the Business Meeting is due to take place, and the Component Organizations shall communicate them to all their Members who are also Members of the Association. Comments and suggestions from Component Societies and individual Members will be considered provided they reach the Secretary one month before the meeting of the Council.

(b) The proposed amendment will be placed on the Provisional Agenda of the Business Meeting in its original formulation.

(c) Suggestions and modifications which have been submitted to and approved by the Council will be circulated to the membership at the time of the Business Meeting. Acceptance requires a two-thirds majority vote of those present. If an amendment is not accepted in the form presented, it may be considered as a Resolution according to Articles 3 and 4 of the Byelaws.

(d) All Resolutions and Amendments to the Constitution and Byelaws passed by a Business Meeting shall be posted to all Component Organizations for communication to their Association membership, or to Direct Members of the Association, within four months after the Business Meeting has taken place. The full proceedings of the Business Meeting shall later be published in the Bulletin of the Association, according to statutory requirements.

10. Subscriptions

The annual subscription shall be payable by Members and Associate Members of the Association to the Treasurers of the Regional Associations, Component and Provisional Societies and Associated Organizations and shall be determined by the Business Meeting on the proposal of the Council. Any Member of the Association who has been excused the subscription to his own Regional Association or Society will also be excused his subscription to the Association. Subscriptions to the Association fall due on 1 October of each year. All dues received on behalf of the Association shall be transferred to

the Treasurer of the Association not later than 1 December of that year.

11. Finance and Audit of Accounts

The Association shall not make any dividend, gift or bonus in money to any of its Members or Associate Members.

The accounts of the Association shall be duly audited once at least in every two years, and the auditor's report and the accounts shall be presented to a Business Meeting of the Association not later than nine months from the date to which the accounts are made up.

12. Dissolution of the Association

The Association may be dissolved by a resolution of which due notice has been given, and which shall have been passed by a three-fourths majority of those present and voting at a Business Meeting of the Association, duly convened in accordance with these Statutes and Byelaws.

If upon the dissolution of the Association there remains, after payment of all its debts and liabilities, any property whatsoever, the same shall not be paid to or distributed among Members of the Association but shall be given or transferred to some other institution or institutions having objects similar to the objects of the Association. Such institution or institutions, to be determined by the Members of the Association at or before the time of dissolution, shall prohibit the distribution of its or their income and property among its or their members. If and so far as effect cannot be given to this provision, then such property shall be transferred to some charitable object.

BYELAWS OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

Procedures governing the conduct of Business Meetings, and the nomination and election of Officers and Council of the Association.

1. Voting

(a) Voting shall be limited to Members present at the Business Meeting, and the size of majorities shall be calculated on the basis of valid votes cast.

(b) Voting for Officers and Council Members shall be by ballot.

(c) Voting for Resolutions and Recommendations shall be by show of cards.

(d) The Chairman shall have a deciding vote on occasions when votes have been equally cast for or against a resolution.

2. Agenda

(a) The Secretary of the Association shall circulate a Provisional Agenda to the Secre-

taries of all Component Organizations at least one month before the Business Meeting.

- (b) The Secretary of the Association shall circulate the Final Agenda to all Members attending the Congress at least 24 hours before the Business Meeting.

3. Resolutions

Resolutions shall be of two types:

- (a) those which if passed by the Business Meeting are binding on the Association;
 (b) those which if passed by the Business Meeting express a preference not binding on the Association.

4. Procedure for Moving Resolutions

- (a) Resolution included on a prepared agenda of any Business Meeting:

(i) Any ten Members may move a resolution provided they submit their proposal, duly signed, to the Secretary of the Association at least three months before the date of the Business Meeting.

(ii) The Council may move a resolution-provided it appears on the final agenda.

(iii) Such resolutions shall be presented at the Business Meeting. If passed by majority vote, they are to be regarded as binding on the Association.

- (b) New Motions or Amendments to Proposed resolutions Moved from the Floor:

(i) Any two Members may move and second a new motion or an amendment to a proposed resolution from the floor of the Business Meeting.

(ii) The Chairman shall decide whether such motions or amendments, if passed, should be regarded as binding on the Association. If the Chairman has so ruled, the passage of a new motion, or an amendment to a proposed resolution, shall constitute a binding action of the Association.

(iii) The Chairman may rule that action on a motion from the floor, or an amendment to a proposed resolution shall be deferred for consideration at a meeting of the outgoing and incoming Council which shall take place before the Congress terminates. At this meeting the further investigation of procedures necessary to determine its implication for the Association shall be considered. The Council shall reconsider the recommendation in the light of added information at the next Congress. The proposal, together with the Council's

report, shall be placed on the agenda of the next Business Meeting of the Association for action according to the procedure outlined in Article 3.

5. Procedure for the Nomination of Officers and Council Members

- (a) *President, Treasurer and Council Members:*

Nominations shall be proposed either by:

- (i) At last ten (10) full Members of the Association, or by:
 (ii) A Nominating Committee appointed by the Council to make nominations on its behalf.

(b) *The Consent of the nominee* must be obtained in writing before a nomination becomes valid. Candidates may be nominated for more than one Office—e.g. as President and as a Member of the Council (Vice-President).

(c) *All valid nominations shall be posted on the Council's notice board* as they are received. The nominations of the Nominating Committee shall be posted there at least 36 hours before the Business Meeting.

(d) *The nomination lists* will be closed after 6.00 p.m. on the evening before the Business Meeting.

6. Procedure for the Nomination of Secretary, Associate Secretaries and Honorary Officers

- (a) *Secretary and Associate Secretaries*

After the President, Treasurer and Council Members (Vice-Presidents) have been elected according to the procedure outlined in Article 5, the President shall nominate the Secretary and may nominate one or more Associate Secretaries to serve as Regional Secretaries in different Continental areas.

- (b) *Honorary Officers*

The Council may nominate an Honorary President and one or more Honorary Vice-Presidents to hold office for life. The number of Honorary Vice-Presidents to be elected at the Business Meeting shall be determined by the Council.

7. Voting for Officers

- (a) *President and Treasurer*

Each Member present at the Business Meeting has one vote per ballot.

(i) When only one candidate is nominated he shall be declared elected, without a ballot.

(ii) When two candidates are nominated, a simple majority shall decide.

(iii) When three or more candidates are nominated unless one candidate obtains more

than 50 per cent of valid votes cast, a second ballot shall follow between the two candidates with the most votes, the one with the simple majority being elected.

(b) Council Members (Vice-Presidents)

(i) Each Member present at the Business Meeting has one vote per Council Member to be elected by ballot.

(ii) The announced number of Council Members vacancies shall be filled by those candidates who have the highest number of votes, provided that more than half of the elected Council Members belong to a Component Organization other than that of the President. If this ratio is exceeded, then the candidate from the President's Component Organization with the least number of votes shall be ineligible.

(c) Secretary and Associate Secretaries

The President shall announce his nomination for the above offices after the results of the previous elections have been announced. These shall be approved by a simple show of cards at the Business Meeting.

(d) Honorary Officers

The President shall announce any recommendations made by the Council for election to Honorary Offices. Such nominations shall be approved by a simple show of cards at the Business Meeting.

(e) Replacement of Officers

Notwithstanding the provisions of Byelaws 5, 6 and 7, in the event of the death or retirement,

between Congresses, of any member of the Council the following procedure shall be adopted:

(i) When it is necessary to replace the President, the Secretary shall ascertain from all voting members of the Council which member (or members) of the Council they consider should become the interim President (or Co-Presidents), to hold office until a new President is elected at the next Congress. A simple majority of votes cast shall decide. In the event of a tie, the Secretary shall have a second and deciding vote.

(ii) When it is necessary to replace the Secretary, the Treasurer, or an Associate Secretary, the President shall appoint members to hold these offices until the next Congress, after consultation with other members of the Council.

(iii) In the case of any other member of the Council becoming incapacitated, his position shall remain vacant until the next Congress.

8. The foregoing Constitution and Byelaws shall become effective immediately after their acceptance by two thirds majority vote at a regular Business Meeting of Members at a regularly convened Congress of the Association.

As accepted at the Business Meeting of the 25th International Psycho-Analytical Congress, Copenhagen, 26 July, 1967.

M. M. MONTESSORI, *Secretary*

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Volume XVI, Number 2

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CONTENTS

GEORGE L. ENGEL. Some Obstacles to the Development of Research in Psychoanalysis.

Discussants: DAVID BERES, MARK KANZER, ROBERT S. WALLERSTEIN, ELIZABETH R. ZETZEL.

Closing Comments: GEORGE L. ENGEL.

MERTON M. GILL, JUSTIN SIMON, GERALDINE FINK, NOBLE A. ENDICOTT and IRVING H. PAUL. Studies in Audio-Recorded Psychoanalysis.

LEO SADOW, JOHN E. GERO, JULIAN MILLER, GEORGE POLLOCK, MELVIN SABSHIN and NATHAN

SCHLESSINGER. The Process of Hypothesis Change in Three Early Psychoanalytic Concepts.

FRED FELDMAN. Results of Psychoanalysis in Clinic Case Assignments.

SOL ALTSCHUL. Regulatory Mechanisms of the Perceptual Apparatus on Involuntary Physiological Actions.

FALL MEETINGS. December 1967 Business Meeting of Members.

News and Proceedings of Affiliate Societies and Institutes.

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1968

No. 2

- | | |
|----------------------|---|
| ROY SCHAFER | On the Theoretical and Technical Conceptualization of Activity and Passivity |
| MAURICE N. WALSH | Explosives and Spirants: Primitive Sounds in Cathected Words |
| MARTIN WANGH | A Psychoanalytic Commentary on Shakespeare's 'The Tragedie of King Richard the Second' |
| CHARLES WILLIAM WAHL | Psychoanalysis of a Case of Psychogenic Muscular Dystonia |
| FRED I. GREENSTEIN | Private Disorder and the Public Order: A Proposal for Collaboration between Psychoanalysts and Political Scientists |
| ROBERT WAELDER | 1900-1967 |

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The Psychoanalytic Review

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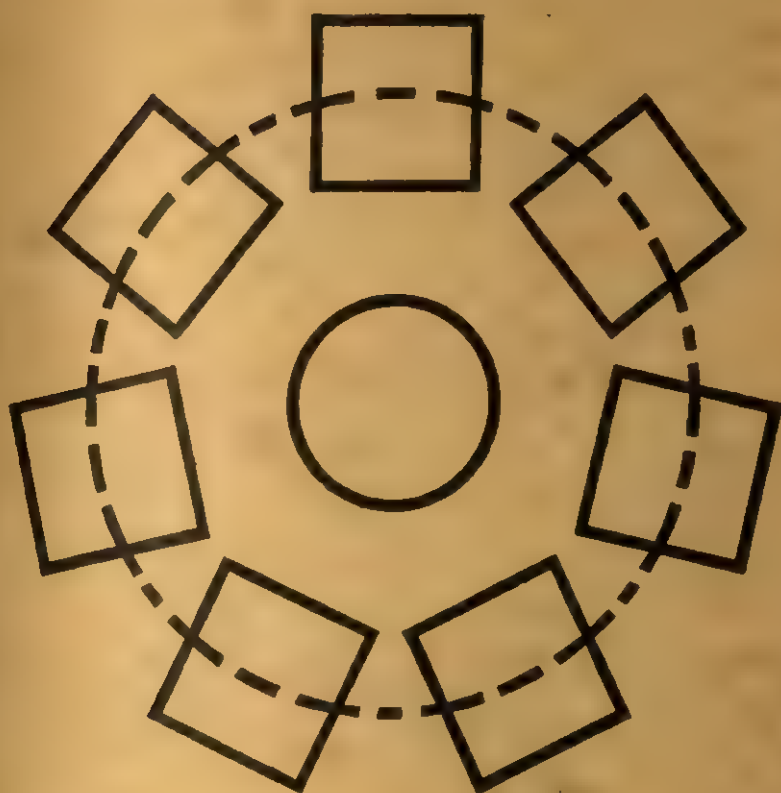
1968

No. 1

- | | |
|--|--|
| EMANUEL F. HAMMER | Symptoms of Sexual Deviation: Dynamics and Etiology |
| LOUIS BERKOWITZ | The Devil Within |
| JOOST A. M. MEERLOO | Human Violence Versus Animal Aggression |
| MICHEL RADOMISLI | Special Book Review: <i>On Aggression</i> by Konrad Lorenz |
| DOROTHY SEMENOW
GARWOOD and BERNICE
AUGENBRAUN | Co-ordinated Psychotherapeutic Approaches to a Familial Dysautonomic Preschool Boy and his Parents |
| M. D. FABER | Hamlet, Sarcasm and Psychoanalysis |
| C. G. SCHENFELD | Psychoanalytic Guideposts for the Good Society |
| ADOLF G. WOLTMANN | Clinical Notes: Resistance and Dreams |
| AARON J. WEISS | Illness Guilt, Inadequacy Guilt and Rehabilitation Therapy |
| HARRY H. NIERENBERG | Ego Disturbance Following a National Trauma |
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Volume 49

1968

Part 1

Papers

J. LAPLANCHE and J-B PONTALIS	Fantasy and sexuality	1
LEO RANGELL	The psychoanalytic process	19
CHARLES W. SOCARIDES	A provisional theory of aetiology in male homo- sexuality: a case of preoedipal origin	27
DONALD B. RINSLEY	Economic aspects of object relations	38
ROY SCHAFER	Mechanisms of defence	49
W. W. MEISSNER	Dreaming as process	63
JOHN KLAUBER	On the dual use of historical and scientific method in psychoanalysis	80
I. PETER GLAUBER	Dysautomatization: a disorder of preconscious func- tioning	89

Letter to the Editor

99

Book Reviews

VICTOR ROSEN	<i>The Id and the Regulatory Principles of Mental Func- tioning</i> by Max Schur	100
HENRY LOWENFELD	<i>Hysteria: The History of a Disease</i> by Ilse Veith	101
ABRAHAM FREEDMAN	<i>Intensive Family Therapy</i> edited by I. Boszormenyi- Nagy and J. L. Framo	103
GEOFFREY GORER	<i>Marital Tensions</i> : by H. V. Dicks	107
L. VESEY-WAGNER	<i>Progress and Revolution</i> by Robert Waelder	109
ANNE W. HAYMAN	<i>Invention and the Evolution of Ideas</i> by Donald A. Schon	112
JOSEPH SANDLER	<i>Hoofdstukken uit hedendaagse psychoanalyse</i> edited by P. J. van der Leeuw, E. Frijling-Schreuder, and P. Kuiper	113
MARTIN GROTHJAHN	<i>Minutes of the Vienna Psychoanalytic Society: II</i> edited by H. Nunberg and E. Federn	113

International Psycho-Analytical Association

131st Bulletin: Report of the Proceedings of the Copenhagen Congress	116
Constitution and Byelaws	151

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THE INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

Vol. 49

1968

Parts 2 & 3

25th International Psycho-Analytical Congress

Copenhagen, 23rd — 28th July 1967

The publication of all the papers along with the invited contributions to the discussions of these, read at recent Congresses, has given rise to major difficulties. Often some papers had been promised to other journals, and apart from that, the mass of material could not be accommodated within the *Journal*. To get a complete presentation of the 25th International Congress, the Publications Committee of the British Institute of Psycho-Analysis, which is responsible for the *International Journal of Psycho-Analysis*, agreed a policy with the Programme Committee of the Congress. According to this agreement the Programme Committee selected the papers and decided the maximum length for all contributions. It then arranged for Dr J. H. Thiel, assisted by Dr N. Treurniet, of the Dutch Psycho-Analytical Society, to collate the material. The Editors of the *Journal* are grateful to them for much of the preliminary work involved in preparing this Congress number.

JOHN D. SUTHERLAND

M. MASUD R. KHAN

THE PSYCHO-ANALYTIC SOCIETY¹

P. J. VAN DER LEEUW, AMSTERDAM

It is the privilege of the President of the International Psycho-Analytical Association to address the participants of the Congress on a topic of his own choice. This enables him to tell you his thoughts and reflections and to relate to you his impressions and the experiences which have occupied his mind during his term of office. This in turn serves to increase mutual understanding between the members of the International Psycho-Analytical Association and the Executive Council and to improve the cooperation which is of such paramount importance in our relationship.

In his last address to the International Psycho-Analytical Association and the American Psychoanalytical Association, Dr Gitelson discussed the present scientific and social position of psychoanalysis and drew our attention to the problems connected with the identity crises in psychoanalysis. Here I will talk to you about the life of the psychoanalytic societies and the relations between analysts.

During our term of office, the Honorary Secretary and I myself have more than once been asked to discuss and exchange ideas concerning problems which have come up within the component societies. It has been our policy to bring out into the open whenever possible the existing problems and conflicts. This attitude, which for an analyst should be regarded as a matter of course, appears to be quite an exception as far as the affairs of the societies and personal relationship within them are concerned. Our experiences have made it easier to gain a more objective view of our own society and we have gradually obtained a picture of the differences and similarities between the societies. Time and again, I have found that the problems in our groups are more or less the same everywhere. The *couleur locale* (such as race, language, social and cultural factors), often merely forms a cover under which identical problems are hidden.

I wish to tell you about some of my observations, perhaps I should say impressions, regarding certain aspects of the problems which arise in every psychoanalytic society, and at the same time my own thoughts and points of view on this subject. I feel that it is important for us to have a close look at ourselves in order to exercise some mental hygiene.

From the very beginning, the purpose of a psychoanalytic society has been to preserve and develop Freud's work to the best of our ability. It will depend upon the emotional climate within our societies and between the various societies in general whether we will be able to continue to fulfil this task.

Of primary importance is the fact that we must ask ourselves in what way the development of psychoanalysis, as a science and in its organizational aspects, is being hampered by the complex situation within our societies. The training of our candidates is aimed at the promotion and development of their ability and creativity. As members, we are to a high degree responsible for the hostility and destructive impulses within our groups, which interfere with our training and other activities. Hostile feelings are generally present in any community, but what we must try our best to avoid is the provocation of hostility which has its roots in reality. We know that cooperation and understanding are difficult to achieve in any community; but it seems to me that it is especially difficult in a psychoanalytic society. Some of us have noted the number of explosions of conflicts. Looking back at the history of psychoanalysis, we find that from the very beginning there have been serious tensions which have caused splits or break-ups within the society and have caused others to turn away. Are there any particular factors which contribute towards this state of affairs? I feel that the answer must be in the affirmative, but I will come to that later.

I myself cannot judge whether the conflicts

¹ Presidential Address at the opening of the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

within the psychoanalytic society are more numerous than in any other group, but I do feel that the intensity they arouse is often very great. At any rate our emotions tend to flare up quickly and may be displaced or may demand direct discharge. Our emotional atmosphere clearly illustrates primary process functioning: mobility, displacement, discharge, and immense intensity. These are typical characteristics of the clinical picture which prevails in our societies. Envy, rivalry, power conflicts, the formation of small groups, resulting in discord and intrigues, are a matter of course.

For a young colleague who plans to participate actively in the affairs of the society, this state of affairs must be a cold shower. He is disappointed in his expectations: hurt feelings and feelings of impotence may dominate and this makes it difficult to help promote Freud's work.

The factors, which I hinted at before and which are typical and contribute largely towards the characteristic picture of our societies, are:

- (i) the fact that psychoanalysis even today is largely the work of one man;
- (ii) our daily work as practising psychoanalysts;
- (iii) our training system.

By realizing the impact of these factors on our societies, we should be able to improve their structure and organization.

Freud's Continuing Influence

From the very first encounter with psychoanalysis, we are emotionally involved; we have an emotional relationship with this one great man whether we like it or not. The fact that he is dead makes no great difference. This emotional relationship is not, as is so often said, Freud's creation, but our own response. It expresses, amongst other things, our longing and our need for unshakable security, our incapacity to stand alone and to be independent. In other words, our infantile attitude towards life. In order to feel at one and at home with Freud's work, it is imperative for us to acknowledge our ambivalence towards him and to handle it. In admitting our jealousies, our rivalry and our hurt feelings, our fantasies, and our feelings of grandeur, alternating with feelings of impotence, we ourselves contribute towards this goal.

The history of the psychoanalytic movement and of our science clearly demonstrates how difficult it is to obtain an objective view of Freud's work to an extent which facilitates constructive activity without discrediting either

Freud's work or his person. One of the necessary preconditions is the working through of our intense hostile feelings and our destructive impulses. It becomes much easier to understand the characteristics of our groups, which show a great resemblance to those of religious movements, when we realize these factors. We must constantly keep in mind the fact that Freud's work was a gift to mankind. Nobody owns it, no one was given the right to safeguard it or is capable of doing so, and no one has been appointed his successor or his heir. As far as Freud's work is concerned, any view-point which even vaguely resembles an apostle-like mentality, emphasizing the Messianic approach, is inadequate. It is not a thing of the past, this attitude of being part of, of belonging to a certain sacrosanct group. It still exists today. We must be on our guard not to strengthen and retain these aspects which are so often prevalent in religious sects.

The Influence of our Work as Analysts

Let me first quote what Freud himself said on this subject in "Analysis terminable and interminable" (1937):

It almost looks as if analysis were the third of those "impossible" professions, in which one can be sure beforehand of achieving unsatisfying results. The other two, which have been known much longer, are education and government. It seems that a number of analysts learn to make use of defensive mechanisms which allow them to divert the implications and demands of analysis from themselves (probably by directing them onto other people), so that they themselves may remain as they are and are able to withdraw from the critical and corrective influence of analysis. It would not be surprising if the effect of a constant preoccupation with all the repressed material, which struggles for freedom in the human mind, were to stir up in the analyst as well, all the instinctual demands which it is otherwise able to keep under suppression.

In a personal communication to someone else Freud summarised this when he said "Das Analysieren verdirbt den Charakter" ("Analysis spoils the character").

The impossibility of our occupation constantly presents us with those experiences which are most difficult to endure, feelings of impotence, accompanied by pain, anxiety and displeasure. We know so little and can do less, whereas more and more is expected of us and we are supposed to offer a solution to every social problem that arises. This does not, of course, mean that we

can achieve nothing; our satisfaction is great when we see a patient recover and feel happy. But the limitations of our achievement put us under great strain and demand a great deal of our mental and psychical stability. In addition, we have to face the fact that our daily work does not leave us unaffected. This is of greater consequence in our psychoanalytical society life than we are usually willing to believe.

Much is thought and talked about our life within the society—unfortunately mostly in the negative sense and usually in the form of gossip. Very little has appeared in print on the subject. I will refrain from presenting you with a review of the literature and wish to remind you only of Freud's own account of his observations of psychoanalytic society life, particularly as described in his "On the History of the Psychoanalytic Movement" (1914) and his exchange of letters with Karl Abraham; of Ernest Jones's biography of Freud (1953–1957); of Waelder's study of "The Functions and Pitfalls of Psychoanalytical Societies" (1954); and of the symposium on the relations between analysts held by the Argentine Psychoanalytic Society in 1959 and subsequently reported in the *Revista de Psicoanálisis*. Apart from this there have been few meetings devoted to the discussion of inter-relationships and very little research on the subject.

Society life in particular provides us with the processes described by Freud in the second quotation I read to you. Freud draws our attention especially to the function of the mechanisms of defence.

I want to make a few comments on this point and draw your attention to the part the mechanism of *projection* plays in our lives, its persistence, and the trouble we have to free ourselves from the rigid manner of its functioning. We might use an expression from internal medicine and point out its contagious character. It is particularly important for our life within the society to understand this process. Our correct appraisal of the information on which to base our opinion in order to make the right decision as to behaviour and policy depends upon it as does our capacity to accept it for what it is worth. It is much more difficult to acknowledge one's own motives and arguments than to express suppositions about the motives of others. Interpretation is frequently used between us as a weapon when questions of prestige are at stake. It seems to me that our difficulty in handling this mechanism is to a

great extent due to its defensive function. We are inclined to forget that aspect. Projection as well as introjection are of primary importance in the early phases of ego development, in that phase in which the conflicts between the beginnings of the drives and ego-organization are of great significance. In this period conflicts between the ego and the objects and those between ego and superego are not yet relevant. When early (narcissistic) object relations begin to develop, processes of internalization come into existence. If the underlying original inner conflicts are not recognized, the person's character may become rigid, tenaciously clinging to the later acquired defensive measures. We so often fail to analyse these *inner conflicts*; extremely primitive behaviour is activated without being properly worked through because of great amounts of primitive anxieties and feelings of impotence. Defence mechanisms, such as projection, which are of such importance in the normal development of one's personality, become a form of pathological defence, I feel that we would be better able to handle the competitive power conflicts amongst ourselves if we realized to what extent our society life is the area in which our own feelings of impotence, our anxieties, and our destructive impulses manifest themselves and our inner conflicts are acted out. In this process an increased need to be active expresses itself; acting out is reinforced. In order to understand better the intensity of our feelings and emotions, it is also necessary to grasp the meaning of the feelings and fantasies of grandeur and omnipotence, particularly our vulnerability in this respect. We all know to what extent these fantasies of grandeur are evidence of our destructive-aggressive impulses, how much we need them to ward off our feelings of impotence. It seems to me that we are often less conscious of the connection between these fantasies of grandeur and the defence against our anxieties.

One often underestimates the extent to which these fantasies and feelings compensate and counterbalance the fear of destroying and of being destroyed or overpowered. Conflicts between the drives and the beginning structuration of the psyche manifest themselves predominantly in this fear of destroying or being destroyed.

Looking closely at this kind of anxiety, which is the forerunner of, but must be clearly differentiated from, castration anxiety proper, one is impressed by the persistence and tenacity with

which one sticks to this fear of being destroyed or overpowered. We are struck by the effort required to free ourselves of it. One is inclined to put the blame on the intensity of the destructive impulses, so characteristic for the early phases. They are indeed of great importance. However, I do think that there is another important factor contributing to the stubbornness with which these fears persist. This factor is linked up with drive development.

One cannot but realize the extent to which pleasure is combined with the fear of being destroyed, or of destroying. Sexual and destructive drives are incompletely separated; there is a state of fusion in which only intensity and discharge matter. What particularly struck me here is the existing close connection between pleasure and anxiety. It is one of the oldest problems in psychoanalysis. Freud's theory of the actual neurosis as well as his concept of sexualization of anxiety are evidence thereof. I feel we should reinvestigate this problem. Waelder hints at the same in his discussion of "Inhibitions, Symptoms and Anxiety, Forty Years Later", when he advises us to reconsider the relation between anxiety and sexuality. Defence against these feelings takes place by increased activity. As I said before, our society life is characterized by the great intensity of our emotions, their displacement, and the demand for discharge. It is easier to understand these phenomena when we realize to what extent inner conflicts are insufficiently analysed. We now understand better the role of acting-out in our community.

What I have tried to do here is to draw your attention to our society life, taking into account the experiences gained in the last decades regarding the investigation of the early phases of ego and drive development. Research into our society life has, to date, usually been confined to the points of view which resulted from our study of infantile object-relationships and ego-superego relations. I want to consider another mechanism.

It is my impression that our attitude toward the Society is greatly influenced by our need to idealize. Because we are continually occupied by our patient's unconscious impulses we wish to have an ideal community life and accordingly expect to find it in our own society. Disappointment is inevitable and it is difficult not to go to the other extreme and direct our resulting hostile feelings against this very society.

Another problem from which we all suffer in

our daily work is frustration. We have so few occasions in our work to satisfy our own need to love and to be loved. Not only our patients, but we ourselves also suffer from the analytic situation. This inevitability causes us to crave for love. We expect fulfilment from the relationships between ourselves and are so often disappointed. I have the impression that there are few true friendships amongst our members. Only now and then do our interrelationships develop into real friendship.

In order to experience friendship, we must be able to observe and accept the shortcomings of the other, we must continue to appreciate and love him in spite of his limitations. It must be possible for love and hate to exist simultaneously. This is a very difficult process; it is the result of a highly developed object-relationship. The success of our achievements in any society depends on our interrelationships. To attain a common goal we must not be hampered by our infantile rivalries. Only our adult behaviour toward rivalry and ambition will stimulate our common purpose. As long as our rivalry is still too *destructive*, relationships between us will lack object constancy. Anxiety and inhibition will prevail. It is not the need-satisfying aspect, as such, which is of importance. In every society the basis consists of being helpful and useful to each other. Where primitive love and hate prevail and demand satisfaction, they hinder us in our adult need to achieve a common goal and hinder our society life as well. Team spirit and solidarity are of primary importance. Furthermore, we experience our emotions to a high degree as mutually exclusive and everlasting. This is the way an infant experiences impulses and affects. They are often of the all-or-nothing type. Our lack of solidarity is intensified by long-standing and often strong transference and countertransference feelings.

The Influence of our Training

With this, I have come to my third point, the way in which our training influences our Society life. In almost all professions the relationship between training institutes and the scientific and professional communities is practically non-existent, or in any case quite casual. Only upon completion of one's training does one become involved.

In our Society, the opposite is true. The Society is responsible for the training of its analysts, which is only one of its functions. The increased number of candidates and the comparatively

few training analysts and supervisors make our task very difficult and endanger the quality of our training. However, since this is so, we must accept the present state of affairs.

Today, training problems are a subject of discussion everywhere; evidence of this are the Pre-Congress meetings on training. Selection, supervision and training analysis are intensively discussed. We realize more and more that we have hardly passed the impressionist stage of our knowledge and experience. We lack the criteria for prediction, we do not know exactly what the qualities are which go into the making of a good analyst, what accomplishments are required for our daily work. We have as yet so little insight into the process of learning and the laws which govern supervision and which is the best way of teaching.

I want to say here a few words on one particular point, one which is being recognized as of primary importance, viz, the analysand's dependence upon his analyst, and, more particularly, the candidate's dependency upon his training analyst—in other words, the analysand's difficulty in becoming independent in an adult way. The crucial problem here is the training analyst's role in the training system, his role as judge of the candidate. Differences of opinion exist on practically all aspects of this complicated problem. A satisfactory solution has not yet been found.

Without in the least underestimating the complexity of this problem, I do feel that we look at it somewhat one-sidedly. I think our difficulties in overcoming the problems of dependency in the psychoanalytic situation are influenced and increased by a deeply unconscious and intense fantasy. This fantasy is of particular importance in the early phases of drive and ego-development. It is very hard to become conscious of this fantasy and to re-experience it with the accompanying emotions in the transference relationship. It is the fantasy of "assured omnipotence", the feeling that it is possible to regain and keep for ever the feeling of omnipotence which existed in the early phases of drive and ego-development. This fantasy prevents the return of intense feelings of impotence and anxiety which exist particularly if our ego-organization is weak, if our ego-functions are endangered by our impulses. The analysand

expects and demands this assured omnipotence from his analyst. To destroy this expectation, in other words, to realize his analyst's impotence, evokes strong destructive impulses of a sadomasochistic nature and intense anxieties. The fantasies and feelings of omnipotence serve here as a protective shield against one's anxiety of being destroyed. This kind of anxiety prevails in the early phases of psychic development. It is often said that further analysis increases and promotes dependency. But further analysis is often imperative in order to bring out into the open these destructive impulses and feelings of impotence and in order to learn how to deal with them. Just as Freud is not causing our rivalry with him, so the analyst is not the source of the transference reactions and feelings. All we can do is to try to analyse them. Further analysis is one way to achieve our goal; from my own experience I believe that it is the most effective way.

Finally, I want to draw your attention to one more phenomenon to be observed in several of our groups. I have myself called it the scapegoat phenomenon. Generally speaking, this means that one or more of the oldest members are felt to be the source of everything that goes wrong in a society. Time and again these people are held responsible and blamed for it. Looking more closely, we find that these colleagues really do make mistakes, that they do have their limitations and shortcomings, but even when they are in no way involved hostile and negative feelings are directed towards them. On the other hand, we find that they are greatly idealized, imagined to be perfect and only loved and admired. In both these attitudes unsolved dependency problems are manifest. It is of great importance here to appeal to adult behaviour. We do so by working together towards one common goal. This is what happens when, after an interesting paper resulting in a stimulating discussion, people are ready to join in, to take part. An event of this kind serves to renew the love we give or bring or devote to our science.

I will not discuss today the ways and means at our disposal to evoke and promote these positive factors. Nor will I mention the non-psychological factors which complicate the existence of psychoanalytical societies today.

ACTING OUT¹

ANNA FREUD, LONDON

Analytic Concepts and their Fate

When the Programme Committee for the Copenhagen Congress selected "Acting Out" as the subject for its main Symposium, it joined the ranks of those who are concerned with the history of psychoanalytic concepts in general and interested to trace the vicissitudes of their individual fates in detail. Varied as these fates are, it is not impossible to single out some distinctive trends and pursue them through the theoretical, clinical, and technical literature.²

There are some terms and concepts without which psychoanalysis could not have done in its beginnings since they served to convey meaning in a simple manner to a public otherwise unprepared for the new findings. An example of this was the idea of *complexes*, an expression used to designate any cluster of drive-derivatives, thought-representations and affects, rooted in the unconscious, and from there giving rise to anxiety, defensive manoeuvres and/or character distortions and symptom-formations. This was a convenient way of describing, as it were in psychological shorthand, whatever people suffered from as a father complex, mother complex, guilt complex, inferiority complex, etc. Eventually, the very umbrella nature of the term militated against its usefulness and with increasing knowledge it was split up into a number of more precise notions, such as dependency (of the infant on the mother); internal conflict (between the agencies of the mind); severity of the superego (guilt feelings); depression; penis envy; etc. The term complex was retained exclusively for the vitally important experiences centred on the triangular relationships in the phallic phase (Oedipus complex) and the anxieties concerning the loss of the male sex organ (castration complex).

Other analytical concepts took a turn in the opposite direction: starting out as precise, well-defined descriptions of specific psychic events,

they proceeded from there to indiscriminate application until they ceased to be meaningful. Appropriate examples of this are the concepts of transference on the one hand and trauma on the other hand. Transference (and counter-transference) originally meant the distortion of a realistic patient-analyst relationship by additions from past unconscious and repressed object-relations; this notion was widened until it comprised whatever happens between the two partners in the analytic setting, regardless of its precipitating cause, derivation, and meaning. Trauma, in its turn, went all the way from its original use for damage to the stimulus barrier caused by excessive excitation to the designation of any experience with pathogenic potentiality (retrospective trauma, cumulative trauma, silent trauma, "beneficial" trauma, etc.), until strenuous efforts were made recently to re-invest it with its original significance (Furst, 1967).

There is a third development, more relevant still for our present purpose than the two preceding ones. Most psycho-analytic concepts owe their origin to a particular era of analytic theory or to a particular field of clinical application or a particular stage of technical procedure. They are carried forward unaltered from there, only too frequently, regardless of changes in these fields. Notwithstanding their having been firmly rooted in their home ground, they cease to fit the changed circumstances where they lead an uneasy existence and lend themselves to all kinds of theoretical misconceptions. It seems to me that the concept of "acting out" belongs in this category and it is my hope that the present Symposium will make some contribution towards clarifying the confusion.

The Concept of "Acting Out" defined in its Original Setting

The term "acting out" (*agieren*) made its first appearance in 1914 in Freud's essay on

¹ Opening paper of main theme of the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

² See in this respect also the work of the Clinical and

Theoretical Concept Groups, under the Chairmanship of H. Nágara, of the Hampstead Child Therapy Clinic (which is supported by the Foundations listed on p. 445).

"Remembering, Repeating and Working Through" (1914). "Acting out" is defined there in contradistinction to remembering as the compelling urge to repeat the forgotten past, and to do so within the analytic setting by actually re-living repressed emotional experience transferred on to the analyst and "also on to all the other aspects of the current situation" (1914, p. 151). Such acting out was understood to replace the ability or willingness to remember whenever the patient was in resistance:

The greater the resistance, the more extensively will acting out (repetition) replace remembering (*ibid.*).

This apparently simple statement in its setting of "Further Recommendations on the Technique of Psycho-Analysis" needs to be understood nevertheless within the wider framework of the classical theory of the neuroses of which it forms part, as well within the theory of psychoanalytic therapy which is dependent on it. The relevant points of these theories can be summarised as follows:

(i) that neurotic symptoms are the result of compromises between repressed drive-derivatives and the repressing forces which oppose them;

(ii) that the dynamic struggle which underlies neurotic symptoms is not an event of the past but a present-day force, i.e. that there are constant upsurges from the side of the drive-derivatives which have to be held in place by an equally constant counter-cathexis from the ego-agencies;

(iii) that the analytic technique aims deliberately at upsetting this balance which is precarious anyway, and that it succeeds in doing so, on the one hand by the introduction of free association which sets aside controls, weakens defences, and encourages irruptions from the id, and on the other hand by providing in the person of the analyst a present-day object on to whom past emotional experiences can be transferred;

(iv) that struggles between analyst and patient ensue due to the fact that in the analyst's intention this re-living of the past is meant to increase remembering while from the aspect of the patient's id it has one purpose only: to attain belated satisfaction for formerly frustrated strivings and to do so via the appropriate actions.

The foregoing explains why the correct analysis of any neurotic patient has to be

expected to be a stormy procedure with uncertain results. In fact, the possible outcomes of the battle between analyst and patient are of various kinds:

The analyst may be successful in depriving the id-impulses of their intended satisfaction. This happens if he perceives and identifies the drive-derivative at the moment of emergence in free association or in the context of a dream; or if he deflects it from its path by means of interpretation and thereby causes its discharge into thought and verbalization. Where this occurs, the relevant drive-derivative, up till then part of the forgotten past and as such subjected to primary process functioning, enters into the conscious ego and is included in the latter's synthetic function. This is one way in which "id can be turned into ego".

On the other hand, not all repressed psychic content is capable of emerging in the states of widened consciousness as promoted by free association or available in dreams. The "forgotten past" may be unobtainable except in the form of being re-lived. If this is the case, the analyst provides for its token satisfaction in the transference. The result is a repetition of the past in behaviour, but one on which the analytic rules are imposed. The patient's acting out towards the analyst is restricted to the re-experiencing of impulses and affects, the re-establishing of infantile demands and attitudes; but it is supposed to stop short of motor action and to leave the basic treatment alliance between patient and analyst intact (attendance at sessions, punctuality, obedience to analytic rules such as honesty, free association, etc.). Acting out in the transference within these limitations was recognized in earliest times as an indispensable addition to remembering. On the one hand it safe-guarded the continuance of analytic work in the face of resistance; on the other hand it opened the door for the re-emergence of material from deeper layers of the personality. Resistance and (acting out in the) transference thus became the mainstays of the analytic technique. As before, the analyst's aim remained to recognize and grasp hold of the revivals of the past as they emerged, now in behaviour, to interpret them, and to incorporate the regained id material within the confines of the ego.

There remained always the third possibility which meant a defeat to the analyst's effort. The power of the "forgotten past" or, rather, the strength of the repressed strivings may militate

against any form of reduced relief or token gratification, and sweep beyond the imposed limits into motor action. In the transference, this may break the treatment alliance and put an untimely stop to the analysis. But acting out of this kind by no means restricts itself to the analytic situation. The patient, who directs his impulses into the motor sphere, also re-lives what emerges from the unconscious in his ordinary life, and may harm himself by it. Or, even where the harm is negligible and only temporary, such impulses, once discharged and thereby deprived of their emotional cathexis, do not lend themselves in the same way to effective analytic interpretation.

So much for the classical view on acting out. To sum it up once more: acting out is at a minimum, i.e. nipped in the bud, so far as the technical devices of free association and dream interpretations are concerned. It is allowed latitude, within the limits of the analytic rules, in the transference and for the sake of transference interpretation. And it endangers the progress of analytic treatment where it cannot be confined either within the psychical sphere (short of motor action) or within the analytic setting (i.e. within the transference).

The Concept of "Acting Out" in a Changing Theoretical Scene.

In the historical phase described above, the proportion between recovery of the past via free association and dream interpretation (i.e. remembering) and recovery of the past via transference behaviour (i.e. re-living, repeating, acting out) was a fairly even one, the latter merely regularly taking precedence over the former in periods of resistance. This technical balance was altered decisively, following certain later changes in theoretical outlook.

Foremost among these was the shift of analytic interest and exploration from the phallic oedipal phase (as the precipitating cause of neurotic conflict) to the pre-oedipal events and notably to the early mother-infant interactions with their oral implications and repercussions for the rudiments of personality development. This "forgotten past", especially so far as it refers to the pre-verbal period, has never entered the ego-organization in the strict sense of the term, i.e. is under primary, not secondary repression and, therefore, is not recoverable in

memory, only apt to be re-lived (repeated, acted out, in behaviour).

Another relevant shift was the analysts' extension of interest from the id to the ego. This was foreshadowed already in 1914 when Freud described that the patient does not *remember* his defiant or critical attitudes towards his parents but instead revives them towards the analyst; that he does not remember having been ashamed of his infantile sexuality but instead is ashamed of being in analytic treatment, etc. The more ground the ego and its mode of operation gained in the analytic process, the more heavily the analyst relied on the transference of infantile attitudes (i.e. on repetition, acting out) to provide the material for interpretation.

Even the widening of the instinct theory to include aggression had similar technical consequences. The sexual urge proliferates in conscious and unconscious fantasy and can be interpreted on the basis of night-dreams, daydreams, and the images produced in free association. In contrast, the aggressive drive is more closely linked with action and the motor apparatus, i.e. more liable to be acted out than to be remembered.

Increasing concentration on the pre-oedipal phases, psychoanalytic ego psychology, and the changes in instinct theory thus are responsible between them for almost all the innovations which characterize the present-day technical outlook of most analysts. There is a growing disbelief—not shared by everybody—in the therapeutic effectiveness of remembering.³ As a logical consequence of this, we find in many quarters a decreasing interest in free association and in dream-interpretation (as the "royal road to the unconscious") with an increasing insistence on re-living emotional experience and repeating it (acting it out) in the transference. Since new attitudes rarely avoid the extreme, we find also that many analysts now tend to neglect important material if it does not find its way into transference behaviour; or that they make frantic endeavours in interpretation to change all emerging images, thoughts, and memories into transference material, regardless of whether this happens or does not happen spontaneously in the patient's mind.

Wherever the technical rights and wrongs of this may lie in detail will be decided in time by the successes or failures of psychoanalytic interventions. What is in evidence at present is,

³ See James Strachey (1934) on "mutative interpretation".

without doubt, a swing in the technical balance towards greater reliance on re-living (i.e. acting out) in the transference, and with it an increased tolerance also for those extreme forms of acting out which by-pass the analytic situation, invade the patient's external life and can only secondarily be drawn back and interpreted in the transference.

The Concept of "Acting Out" in the Widening Scope of Psycho-Analysis

When using the term "acting out", it should be remembered how closely the original concept in its technical sense was wedded to the circumstances of the adult neurotic for whom it was coined first, i.e. to the idea of a personality with sufficient ego-strength to enforce neurotic compromises on the drives; with secondary process thinking and the synthetic function of the ego fairly intact; with the ego in control of motility; and with sufficient maturity to replace action by thoughts and words under the ordinary conditions of waking life. According to the definition, such individuals were considered to "act out" when put under pressure by the analytic technique, i.e. when their controls were diminished deliberately, the warded-off id-content tempted to rise to the surface, and the inhibitions or symptomatic manifestations swept aside sufficiently to permit the "forgotten past" to express itself in action.

When analytic therapy moved from its original field of application to the transference neuroses to include other diagnostic categories as well as other age groups, the circumstances were no longer the same. Nevertheless the concept, or rather the term, "acting out" continued to be used.

"Acting Out" of the Impulsive Patient

A good example of this are the impulsive and delinquent character disorders, the pre-psychotic, psychotic, and especially paranoid states, the alcoholics and other addicts who are now considered amenable to psychoanalytic therapy. We find in the literature that most analysts who treat them refer to such cases as "acting out patients" and, therefore, discuss the technical difficulties encountered in their treatment, or the technical parameters necessary for them, under the same heading as the handling of the transference behaviour of their neurotic patients. This usage of the term seems unwarranted to me. By employing the same word, it fails to pay attention to changes in the meaning of the

concept; also it obscures thereby the differences between the neurotic and the delinquent or psychotic type of analysand instead of helping to highlight them.

Unlike the neurotic, the delinquent, the addict, and the psychotic act out habitually, i.e. also without the releasing benefits of the analytic technique. With them, the upsurges from the id which cause their impulsive behaviour have to be understood as belonging to their pathology not to a curative process. If one wishes to apply the term to them at all, it has to be defined anew, this time not as repeating in contradistinction to remembering as with the neurotic, but as id-controlled action in contradistinction to the ego-controlled actions of the normal individual. We have to disregard the misleading factor that under the influence of analysis neurotic patients behave as if they were impulsive characters. It remains a mistake to reverse the statement and regard the analytic behaviour of the impulsive types as on a par with the neurotic ones.

There are several important respects in which the impulsive behaviour of the nosological types named above differs from "acting out" proper. One is the *quantitative* aspect: since, with them, release of action is not due to the careful and gradual progress of interpretation but to constant imbalance inherent in the internal structure, the dosage with all its further implications is not under the analyst's control. Another difference concerns the *direction* of the process: instead of originating within the analytic situation and affecting the environment secondarily only, the impulsive behaviour of these types begins in the external world from where it has to be dislodged and drawn into the transference. The analysis of the delinquent, according to Aichhorn, starts when he steals from the analyst instead of from strangers. Likewise, the analysis of the addict is initiated by his transferring his dependence on the drug or alcohol to an equivalent dependence on the actual availability of the person of the analyst.

Even where this succeeds, there is little chance of restricting the transferred strivings to the psychic sphere and to exclude their motor expressions. This is understandable since the origins of the disturbances go back inevitably to periods of life before thinking had become an acceptable substitute for motor action. Contrary to his technical expectations in the therapy of the neuroses, the analyst may have to resign himself to the fact that in these new clinical fields motor action within the treatment is not an exception

but the rule. There is no doubt, of course, that also in this extended form of acting out the patient repeats his past and that memory can be extracted from the re-enactment. Whether the ensuing reconstructions serve the recovery of the patient will depend in the last resort not on the quantity or quality of the acting out itself but on the intactness or otherwise of the ego's synthetic function to which the regained material is submitted.

"Acting Out" in Child Analysis

With the move from the therapy of adults to child analysis, the concept of "acting out" loses even more of its meaning. It is true, of course, that neurotic latency children, no different from adults, become more inclined under analysis to act on impulse; equally, that impulsive latency children do so as part of their pathology and that this habitual behaviour needs to be drawn into the transference before it becomes useful therapeutically. But the younger the patients the more do these differences become blurred and the nearer do we come to a state of affairs to which the later distinctions between remembering, repeating, re-living, acting out, etc. do not apply. Young children who never cooperate with free association and rarely with dream interpretation are exempt from the widening of consciousness which promotes remembering. They have no organized recall for past experience and are not expected to acquire it under the impact of the analytic technique. Severe obsessional development excepted, they are unable to keep impulses within the psychic sphere; on the contrary, not thought or speech but motor actions are their legitimate media of expression and communication. Whatever impulses and emotions are aroused in treatment immediately spill over into their daily life, etc. These age-adequate characteristics automatically classify all children before the latency period as "acting out" patients, with the reservation that in their case the phenomenon is developmentally determined and does not carry the same significance as it does in later life, neither for highlighting alternating states of treatment alliance and resistance to treatment nor for the quality and historical level of the material which is produced.

If we want to view the technique of child analysis from the aspect of "acting out" at all, we can only define it as one where the patient is conceded the right of free motility in the session; to bring his material in the form of actions; to

express his transference feelings in active behaviour; to react actively to the analyst's interpretations; and, again, to work through them by means of modified activity. The analyst, instead of striving to contain the patient's expressions in the psychic and within the analytic realm, has to be content with reducing reality actions to play activity and to find his way from there via fantasy elaboration to verbalization and secondary process thinking. His final aim remains the same as in adult therapy: to submit all psychic content to the synthetic function of the patient's ego, regardless of the manner in which it has appeared (acted out with the original objects, acted out in the transference, in reality behaviour, in role play, in play with toys, in fantasy, etc.).

"Acting Out" in the Analysis of Adolescents

That the majority of adolescents are acting out patients is well known. Here, again, the phenomenon is age-adequate, since at this stage recall of the past is at a minimum and re-living of past experience at its height, although the latter is modified and distorted by developmental forces.

That the adolescent is apt to act out violently within the transference is in conformity with this heightened tendency towards re-enactment. That he carries his actions also beyond the confines of the analytic situation reflects his developmental need to seek experience outside the family sphere. That he is on the point often of breaking treatment is his legitimate way of re-living the urgent need to break his family ties.

Whether the adolescent's dramatized form of acting out can be turned into analytically useful material depends above all on two conditions: on the analyst's side on his skill in differentiating between past and present, i.e. between transferred and new material and between pathological and developmentally adequate elements; on the patient's side above all on the economic aspect, i.e. on the degree of cathexis of the re-awakened and of the newly-arrived strivings and the relative strength of the anxieties and defences mobilized against them. Either of the latter may be sufficient to paralyse whatever ego functions need to be allied to the therapeutic task.

Conclusions

In the course of time, transference interpretation established itself increasingly as an indispensable means of technique; re-living in the transference was increasingly taken for

granted; and the longer this happened, the more often was the term "acting out" not applied to the repetition in the transference at all, but reserved for the re-enactment of the past outside the analysis. Personally, I regret this change of usage since on the one hand it obscures the initially sharp differentiation between remembering and repeating and on the other hand it glosses over the differences between the various forms of "acting out". To my mind, there is merit in preserving the distinctions between the consecutive steps which in this respect form a sequence in the analysand's behaviour.

Memory, when widened due to free association and dream interpretation, allows the recovery of repressed fantasies and repressed, originally verbalized events. *Re-experiencing* brings back infantile ego attitudes, reproduced as regressive, dependent or defiant feelings towards the

analyst. *Re-enactment* in the transference is the means to reach pre-verbal experience, often by means of transgressing analytic rules. So-called delusional *transference phenomena* which for the patient have the full impact of reality and defy interpretation are caused by very early emotional experiences, or very early fantasies, of excessive strength. Likewise, excessive quantitative cathexis of the revived strivings is responsible for the *irruptions* from analysis which land the patient in repetitive *reality actions* of a psychopathic nature.

There seems to me to exist a firm link between the qualitative and quantitative properties of the "forgotten past" and the ways and means by which it is revived in analysis, whether this revival takes the form of mere remembering, or happens in the guise of re-experiencing, re-living, re-enacting, or any other variety of controlled or uncontrolled repetition.

REFERENCES

FREUD, S. (1914). "Remembering, repeating and working through." *S.E.* 12.

FURST, S. (1967). Editor, *Psychic Trauma* (New York: Basic Books).

STRACHEY, J. (1934). "The nature of the therapeutic action of psycho-analysis." *Int. J. Psycho-Anal.*, 15.

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ON ACTING OUT AND ITS ROLE IN THE PSYCHOANALYTIC PROCESS¹

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There are some terms in the psychoanalytical literature the mere mention of which awakens a penumbra of associations tinged with a specific significance. This meaning sometimes overshadows any other content implicit in the context. The term acting out happens to be one of them and it often carries a pejorative connotation denoting the so-called "bad" behaviour that characterizes some patients in analysis. There is a whole spectrum which extends from those who stress the harmful and destructive nature of acting out to those who lay emphasis on its communicative and adaptive nature (Blos, 1962; Ekstein, 1965; Kanzer, 1957; Limentani, 1966; Rosenfeld, 1965).

The theoretical knowledge and experience that result from many years of analytic work are not always enough for the analyst to attain the necessary understanding and perspective to deal technically with acting out. Just the opposite: there are times in the treatment of these patients when our armoury is of little use before those massive acting out phenomena that stir strong countertransference reactions in us.

This is one of the topics I wish to elucidate here. Naturally there are other important aspects involved in the concept of acting out. But I prefer to limit my discussion to a more specific aspect in the hope of throwing some light on a number of technical problems—at times rather hard—which are often present in the treatment of acting out. That is why I have

endeavoured to give my paper a mainly clinical approach. I hope that, for the sake of brevity, I shall be exempted from making reference to the vast and important literature on the matter. I shall only include those references relevant to the ideas discussed here.

Object-loss and Separation Anxiety in the Genesis of Acting Out. Its Vicissitudes and Equivalents

Experience in acting out has taught me that one of its essential roots is often associated with experiences of object loss and separation that determined earlier mournings which were not worked through (Grinberg, 1964). Such experiences gave rise to extremely painful affects (frustration, anxiety, rage, guilt, depression, etc.) which the patients were unable to cope with.²

Acting out, to my mind, can be regarded as a process that always calls for two participants.³ There must be an object relationship even though it may generally be of a narcissistic nature.⁴ A clue to the understanding of the dynamics and vicissitudes of acting out can also be found in the model for the early and conflictful mother-child relationship. According to Bion (1962), when the infant feels very acute anxiety (for example, fear of dying), he needs to project it into a container (his mother) capable of holding it and giving it back in such a way that the anxiety is lessened. If the mother fails to metabolize this anxiety and even deprives it of its specific quality (the fear of dying), the infant

was complemented by Hanna Fenichel's statement that the basic fear defended against is that of loss of the mother. Here there is a link to Kaufman's work with antisocial children and adolescents which led to the conclusion that the acting out served to defend against a depressive core and object loss.⁵

² Acting out is the repetition of a psychic situation of the past in the present, thus endeavouring to convey actuality to that absent and non-existent past. Actuality is here used in the sense given by Rodrigué (1966) in which time and space are integrated.

⁴ Lampl-de Groot (1952) states that "... even when the object is already recognized as something outside the self, the character of the attachment is still, for a long time, predominantly narcissistic."

¹ Paper read at the 25th International Psychoanalytical Congress, Copenhagen, July 1967.

³ Freud (1925) points out that the mother's absence is a traumatic situation for the child. He says: "Thus the first determinant of anxiety, which the ego itself introduces, is loss of perception of the object which is equated with loss of the object itself." Van der Leeuw (1966) stresses the influence of a very early and long-lasting separation of mother and child. According to Gonzalez (1966), "the separation anxiety... actually plays an important part in the individual's development and consequently in the analytical process." Rexford (1966), in a survey of psychoanalytic literature on acting out problems, states: "Otto Fenichel's dictum that all acting out ultimately serves to defend against depression

will receive back a "nameless dread" which he cannot tolerate.⁶

According to this model, the patient's need to find an object in the external world that could take on his pain and separation anxiety is a significant element in acting out.⁶ This object is, obviously, the analyst into whom the patient evacuates his unbearable feelings when the loss experiences in his past are reactivated in the transference in the present. The analyst's absence is felt to be persecutory because the patient associates it with his aggressive fantasies and fears retaliation.

This is the reason why separations during treatment often trigger off episodes of acting out;⁷ the patient eagerly looks for substitute objects to burden them with his own dreaded and unbearable affects.

At other times the "container object" can be found in the patient's own body (psychosomatic or hypochondriac disturbances), or in a dream of specific peculiarities. The body, or more precisely, the somatic or hypochondriacal body symptom becomes the concrete "presence" that counteracts or nullifies the analyst's absence, and holds the unbearably painful affects and separation anxiety. In such cases, that part of the body thus affected is perceived unconsciously as alien and the patient establishes with it some sort of object relationship (Frazier, 1965). I have called these psychosomatic disturbances "acting out equivalents", after the epileptic equivalents.

On other occasions, a dream may function as a container (the dream screen, Lewin, 1946) that

tends to free the patient from increased tension. Dreams of this kind aim at this independently from and beyond their latent content. The typical week-end dreams belong to this category as well as those corresponding to longer periods of interruption. I have named them "evaculatory dreams" or "discharge dreams" to differentiate them from the dreams having a prevailing working-through effect and standing in an inverse relationship to acting out: the greater the production of these dreams, the more rare the occurrence of acting out and *vice versa*.⁸

As can be gathered from what I have already said, the projective identification mechanism plays a role of paramount importance in the dynamics of acting out (Klein, 1952).

The analyst who succumbs to the effects of the patient's pathological projective identification, might react to them as if he had actually acquired the aspects which were projected on him (the patient's inner objects or parts of the self). The analyst feels passively "dragged" into playing the role that the patient is an active, though unconscious, way, literally "forced" upon him. I have called this specific kind of countertransference response "projective counteridentification" (Grinberg, 1962, 1963).

Clinical Examples of Acting Out

I shall now present clinical material of a patient who came to me for treatment several years ago. He showed a strong tendency to massive acting out. I shall supply only the relevant data on the patient's personal history

⁶ Bion (1962) called the mother's capacity to receive, contain and metabolize the child's anxiety, capacity for "reverie". According to Langer (1957), the analyst should take on with the function of feeling—by means of countertransference—what the analysand is unable to feel and duly return such capacity through interpretation. Liberman (1966) has described the psychopathic behaviour in patients who try to find people who will act as "condensers" to contain increased tension.

⁷ Rosenfeld (1965) classifies acting out as partial or total according to the degree of hostility with which the individual has separated from the primary object. According to him, "the patient who is strongly fixated in the paranoid-schizoid position and has turned away from his primary object with intense hostility tends to act out excessively...". It may be therefore assumed that, if the hostility with which the patient has separated is very strong, the difficulty in tolerating this separation and the tendency to act out in search of the substitute object will be greater.

⁸ Greenacre (1950) found in her acting out patients "emotional disturbance in early months of infancy with increased orality, a diminished tolerance for frustration and a heightened narcissism". She underlined three predisposing factors: "a special emphasis on visual sensitization producing a bent for dramatization..., a

largely unconscious belief in the magic of action... and a distortion in the relation of action to speech and verbalized thought". In a more recent paper (1966) she stressed, among other things, that "separation, too, was a strong precipitant [of the attacks of acting out] (in italics).

⁹ I cannot now develop further the relation between dream production and acting out. Michaels (1959) says: "In my own clinical experience I have noticed that the character type prone to act upon impulse, reports few dreams...". I wish to add that acting out is, to my mind, the dramatization through action of certain unconscious fantasies, associated with impulses and emotions not tolerated, that sometimes fails to discharge fully and has to be complemented through dreams (in this case, "evaculatory dreams"). Therefore, it is not rare to find dreams of this kind before or after acting out. In this respect, Sterba (1946) has pointed out that when acting out phenomena previous to the report of dreams are unconsciously connected with their content. Acting out seems to operate as an association from the dream but preceding it.

¹⁰ Melitzer (1967) says: "It is clear that the analyst must indeed receive the projective identification and in pain without being dominated and driven to action by it". Greenacre (1966) refers to the 1951 paper of Anna

He was a bright young professional of great intellectual capacity and belonged to a Jewish family. He was married and had three children. His mother was passive and lenient, "out of apathy, not because she was understanding". His father, rigid, at times violent, had been very strict and harsh with him. Another important datum of his childhood was the sudden death of his only brother, four years older, when he was six years of age.

I shall now describe my patient's peculiar attitude to the transference relationship at the beginning of his treatment.¹⁰ I shall later concentrate upon three dreams corresponding to three different periods of his treatment, which clearly show his splitting mechanisms as regards his acting out. They also show hints of insight which gradually consolidated.

During the first period of his analysis, he seemed to be identified with an idealized, omnipotent, and omniscient object. His ego-symbiotic acting out consisted in attacking the analytic relationship in the belief that our respective roles would thus be distorted and reversed.¹¹ He could not tolerate the therapeutic dependency, which he felt cruelly humiliating.¹² He therefore denied it and projected it onto me.

During this period, I had to be very careful not to fall into "projective counteridentification" reactions. I am not quite sure I always succeeded. In the course of the sessions he deliberately used to conceal and distort the material. Later on, he himself called this behaviour "attacks through omission". The "attacks through silence" were also frequent. He would then keep stubbornly silent for some time, thus testing my

tolerance to waiting and frustration. He sometimes responded to my interpretations with apparent "deep understanding". It was not, however, genuine insight, but intellectual "understanding" or pseudo-insight of which he availed himself as another form of acting out not to face the truth (Bion, 1962).

Acting out outside the sessions took place preferably on week-ends and other intervals,¹³ due to the reactivation of his separation anxiety. They were mainly extra-marital sexual relationships. He sometimes spoke of his episodes of acting out as if they were dreams, with the overtones of the dreamlike atmosphere that prevailed in them.¹⁴

He alternated his acting out with somatic illnesses, generally renal colics, feverish states and precordial pains. As regards the latter, he said he had felt greatly disturbed to learn that the cardio-vascular apparatus is the only system that is "entirely closed and does not allow evacuation". Therefore, frustrations and aggressions at that level were felt as necessarily violent and catastrophic, such as heart failure, high blood pressure, haemorrhage, etc.

His acting out somatizations (Bellak, 1965) grew worse after his father's death. He tried to relieve his persecutory guilt by seeking punishment in acting out (Freud's "criminal from a sense of guilt", 1916). His somatizations which had been alternative bodily manifestations to his violent acting out, now became dangerous because of the melancholic identification with the dead object. This in turn threatened him with death. To protect himself, he felt the need to resort again to acting out in search of containers for his destructive impulses, other than

each on "Countertransference" that "points clearly to the fact that, in a countertransference overidentification with the patient, there may be a kind of acting out on the part of the analyst which cooperates with and intensifies that of the patient". Gitelson (1963) has referred to these analysts "who have overly 'humanized' the analytic situation". "... These analysts act out an identification with the patient in his anaclitic position thus denying this in their 'benign' activity". Bird (1966) points out a specific peculiarity common to all acting out that includes a bipersonal interaction. He writes: "An acting out patient always tries in every possible way to get the analyst to act out with him, and in time measure will invariably succeed." I consider that these authors have referred indirectly to what I have called "projective counteridentification".

García de Rodríguez (1966) describes a type of transference which she calls "primary transference" that appears during the first period of analysis and is characterized by a massive externalization of primary

aggressions, or the aggressive side of their pregenitality which prompts them to attack, hit, kick, spit and provoke the analyst". García Reinoso (1966) points out that the acting out aimed at the setting is the most damaging because it attacks the very substance of the analytic relationship.

"The significance of the humiliations the patient went through during childhood has been pointed out by Greenacre (1950).

"Zac (1966) has also emphasized the relation between week-end separation and acting out. Helene Deutsch (1966) states: "In my opinion we can speak of acting out proper only when the patient leaves the seclusion of the analytic room and carries out the transference situation in the outside world. ... As long as the emotional center of the activities is connected with analysis, we can speak of 'acting out'." To my mind, acting out is a phenomenon which takes place both inside and outside the consulting room with different characteristics.

"Greenson (1966) points out that "acting out is similar to a dream. It is a form of sleep-walking, a dream in pantomime."

Anna Freud (1965) says: "What children over-identifyingly act out in the transference are therefore their

his own body. But ultimately somatizations as well as acting out turned out to be catastrophic because they led him to death or murder. If he could not resort to either of them, he found he was at a "dead end". This made him feel a claustrophobic anxiety because of his massive identification with the contents and feelings which were "under pressure" in his psychic apparatus. His acting out was then experienced as an attempt to break away from this no-exit situation. He also resorted to it to protect himself against extreme dependency, confusion (Rosenfeld, 1965) and weakening of his sense of identity (Angel, 1965).

Acting out and Dreams

(a) I shall now deal with the circumstances in which he had the first of the three dreams I have mentioned above.

The patient told me about this dream after a sexual acting out due to his failure to tolerate frustration when faced with the separation of a long week-end, which reawakened previous experiences of abandonment and deprivation. His reaction had been intensely persecutory with aggressive fantasies that sprang from jealousy and envy. He had had this dream during the week-end. As I had already told him I would be away for Monday's session, everything was related to the transference situation at the time. He fancied I would make a trip with my wife.

He reported the following dream in Tuesday's session:

I dreamt of a harvesting machine which, as if having suddenly gone wild, ran over two pigs. I heard the noise and the horrible squeals. I saw their bodies and bellies cut open by the reaping blades. It was really ghastly. They looked like human pieces. I picked up some of the torn pieces. They looked like a child's buttocks. I felt they were dear to me.

Talking about the dream, he said he had felt very distressed, with a pain in his breast and the feeling of having lost something precious, as if his youngest son had died. It was sorrow mixed with death and sadness. He associated his loss with what I had interpreted about his acting out in the sense that, even though each acting out apparently lessened his anxiety and guilt, deep down it meant an irredeemable loss. He sometimes felt his episodes of acting out as gaps through which he lost fragments of his own self. Thus, acting out was related to sphincter incontinence.

The analysis of the associations stemming from the dreams showed that the harvesting machine represented an aspect of himself that had harvested the nourishment and love provided by his mother's breasts and by his parents, who were embodied in the transference. But, driven by his frantic greed, envy and oedipal jealousy, aroused by exclusion from the couple (my wife and me on a trip), he had projected his excremental fantasies onto the couple, thus turning them into a couple of pigs (as in Circe's myth) which he degraded and tore at with his teeth. The noise and the terrifying squeals also corresponded to his fantasy of a sadomasochistic primal scene. The pigs represented, in addition, the two breasts attacked by his oral-sadistic and anal-sadistic fantasies and transformed into buttocks in the same way the milk was transformed into excrements. Some parts of his self had also suffered the consequences of his degrading and sadistic attacks, so they appeared as pieces of buttocks too.

Unable to cope with a longer week-end separation, he had impulsively fallen into a sexual acting out before the dream. He reported he had been struck by the way intercourse had developed, laying emphasis on how roughly he had taken hold of the woman's buttocks. He was thus reproducing a fantasy of anal coitus through which he dramatized his fantasy of the primal scene.

The first part of the dream shows evacuatory characteristics and belongs to the primary process in which magic thought and the pleasure principle prevail. The second part, on the other hand, is an attempt at ordering and discriminating all he felt had been disrupted as a consequence of his acting out. He was able to recognize the "loved human aspects" and to feel sorry for them. There is a predominance of the secondary process, logical thought and reality principle. Freud (1911) pointed out the appearance of "an impartial passing of judgment" as an essential aspect of the reality principle.

(b) I would now like to discuss the dream my patient had in a period of increased acting out and somatic symptomatology shortly after his father's death. In spite of this intensification, the patient showed some insight into and concern about his acting out episodes. Splitting kept a part of his ego helplessly watching the other part acting out, unable to stop it. During this period, acting out ceased to be ego-syntonic and was felt to be pathological and alien to the ego,

but still quite out of control and difficult to avoid. His dream is a rather pathetic illustration of how he experienced his acting out.

I'm standing on the edge of a swimming pool. The water is muddy and dirty. I can see, emerging from it, the head of a dark pink or brown sea-monster. It was terrifying, it was eating human pieces. I tried to cut his head off, or pierce it, but it was extremely slippery and, besides, it relentlessly kept on eating human pieces.

He associated the head of the sea-monster with haemorrhoids or with a penis-shaped excrement. He recalled having witnessed the bladder catheterization performed on his father during his illness and the impact it had on him to have seen his father's genitals. It was easy to show him how he had projected onto his father's penis (now persecutory) his own oral-sadistic and anal-sadistic fantasies. He felt that a penis-head had got into him and threatened him from inside. On the other hand, this was also his own "monstrous faecal-penis" representing his sexual acting out experienced as annihilating anal discharges that he had to evacuate persecutorily so as not to be devoured and castrated. Nonetheless, he felt that his acting out episodes were inexorably "eating" him and his objects. The "human pieces" stood for his father's and brother's remains. He felt he had killed them with his destructive oral and anal attacks. The dream also dramatized his anal masturbatory fantasies.

The unconscious fantasy in the transference was that he had projected on me the cannibalistic contents of his "faecal-penis" through his words which he felt like diarrhoeic discharges ("dirty and muddy water").¹⁶ He felt compelled to "drain out all that pollution" so that I might relieve him of what was "devouring" and threatening inside him. But he could not accept my interpretations. He either attacked them or rejected them ("pierced" and "cut" off), because he feared they might devour him or force back into him what he considered poisonous and had previously deposited on me.

(c) As his insight into the nature of his acting out episodes deepened and the effort to overcome them increased, they paradoxically became more frequent. He seemed to be clinging once again to the need for pressing evacuation when

confronted with the danger of having to face depressive pain and suffering. But there was also present a simultaneous attempt to deal with his conflicts at the level of thought and emotion rather than at that of action, as was revealed in the dream that followed the previous one.

I was in your consulting-room and saw my car in your waiting-room. I started the engine and realized something had gone wrong with the "head" motor-valves. I got out and looked to see if there was smoke coming out of the exhaust pipe. But, to my distress, I saw black oil coming out of it, messing up everything and burning the carpet. Then I went out and met some workers in the street who were trying to raise a car placed on a scaffold to the highest part of the building. I wanted to help the workers, and so I did.

It was clear from his associations that the car stood for himself, with his damage-illness in the head expressed by his acting out experienced as uncontrolled anal activity. Due to his identification with the image he had of the analyst, he used his "powerful mind-motor producing flatus-exhaust interpretations". But when the omnipotence was curtailed by his being made to see the mess he makes of the analysis, his adult part resumed control and was able to help in the work of lifting the "car" to the highest part, thus restoring the connection between his and the analyst's mind, and the mother's breasts, not her buttocks. In this way, he offered to cooperate so that his conflicts might be treated and finally solved at the "higher" level of mind and thought instead of at the "lower" of acting out.

A comparison of the three dreams shows that, though they may have elements in common, yet they are clearly different in the quality and degree of the patient's acting out behaviour and his reaction to it. The first dream is a dramatization of acting out as a violent destructive attack on the debased parental couple (the couple of pigs). At another level, the tractor out of control represents his father's sadistic penis attacking his mother's buttocks (the two pigs) and the internal babies. Another aspect of the self can only be an impotent witness to the attack. In the second dream, the patient has gained deeper insight into the monstrous nature of his acting out and its devastating effect, in

¹⁶ Alvarez de Toledo (1954) has pointed out that speech is, for some patients, an acting out that satisfies oral, anal and genital drives. Bion (1962) also refers to

words that, if unable to function as symbols, become "things in themselves".

which the father's penis becomes faecal in quality and oral-sadistic in behaviour. However, he can only put up an ineffective fight against it. Finally, in the third dream, it is significant that the patient should bring to my consulting room the adult and cooperative part of the self together with the infantile acting out part of the self, which implies a deeper insight of his need for treatment. Therefore, he is now able to *co-operate* in our common effort (as workers) "to lift" his activities to the level of thought. This also means the raising of his oral sadism from his anus back to his mouth, where it can be analysed. Thus, both geographical and erotic-zonal confusions have been corrected by earlier analytic work so that acting out can be curbed (Meltzer, 1967).

During the period that followed this dream, the patient showed greater insight into his conflicts and a greater capacity for working through and to bear anxiety (Zetzel, 1949). This was coupled by more productive contributions to his sessions. His omnipotent control mechanisms gave way to those of adjustment, which operated at a more integrated level and with greater adjustment to reality (Grinberg, 1965). Even though his acting out diminished considerably and was less pathological, there was still wavering between the impulsive and discharging attitude and a more reflective behaviour capable of tolerating delay. A brief fragment of a session will serve the purposes of illustration.

He said that on the previous day, when leaving the session, he had had to wait a long time for the lift. At first he did not lose patience as on other occasions and pondered over all that was happening to him. But he suddenly "flared up" and felt like kicking the gate. He could wait no longer and went down the service lift at the back.

I interpreted that he was showing me how he wavered between one aspect in him which was capable of waiting and could tolerate delay by resorting to thinking, and another part which "flared up" and was unable to wait or think; and how he then experienced the need to be aggressive with what he felt he had lost through an acting out substitute with anal discharge characteristics.

He explained that this had happened when he was overcome by hopelessness and had the fantasy that the lift would never come again;

something like the thought that he would never again be younger than 35. It was utter hopelessness, similar to sterility or death. I pointed out that he found it hard to face the painful reality of the termination of the session and that he felt it to be just as irrecoverable a loss as those in his other mournings. The silence following this interpretation was very different from the "attack through silence" of the first period of his analysis.

From a technical point of view, I consider that my having understood and tolerated his projections without returning them prematurely or forcing him to reintroject them, was most useful and led to a decrease in his acting out and his further improvement and development (Rangell, 1955). This technical behaviour was made explicit in my interpretations whenever it was necessary.

The firm keeping of the setting on the part of the analyst, without giving in to the patient's manoeuvring aimed at altering this setting, is of paramount importance for the attainment of the therapeutic goal. Naturally, the analyst should be able to aid the patient to attain the capacity to tolerate anxiety and psychic pain inherent in his conflicts, to integrate his split parts and to gain greater insight by means of the process of working through.

Dynamics of Acting Out

I consider it useful at this point to outline my views on the main dynamics of massive acting out in regressive patients, or in patients going through periods of regression, with strong narcissistic traits. As they are unable to tolerate increased psychic pain resulting principally from losses, these patients attempt to evacuate this pain into external objects who are, sometimes, induced to acting out.

These patients have held predominantly narcissistic links with idealized objects ambivalently regarded with admiration, greed, and envy. The conflicting quality of such links might have been strengthened by parental behaviour: the parents were not only unable to take charge of infantile fantasies loaded with persecutory anxiety, pain, and guilt, but also made their children the victims of their own projections.¹⁶ They may have acted as the "lacunae superego" described by Johnson and Szurek (1956),

¹⁶ A. and M. Rascovsky (1968) stress the influence of the injuries inflicted at an early stage upon the infant in its further development.

vicariously stimulating their own tendency to acting out.

Among the defensive resources used by these patients, I should mention a combination of manic mechanisms and a peculiar kind of splitting. Manic defences are mainly organized through the identification with an idealized and omnipotent object from which the patients debase the external objects. Splitting consists in isolating that part of the self identified with the omnipotent and aggressive aspect, from the part that is better adapted to reality.

When confronted with loss and frustration experiences (perceived as intolerable mournings), the precarious psychic balance that existed breaks down. Persecutory anxiety increases and a tyrannical intrapsychic relationship between the two split parts of the self is then established, one playing the role of a primitive superego image, and the other, that of the submitting ego. This originates an intolerable increase of tension that leads the patients to evacuate violent projective identifications which massively break through into the external object. The patients thus project the tyrannical relationship into the object, inducing it, in turn, to act out.

In terms of agencies and according to the structural point of view, we might say that in acting out the id governs the ego through the mediation of a primitive superego which becomes the agent of the demands of the id, thus making the ego submit. When the tyrannical relationship is projected onto the object, the projected superego acts as a parasite superego inducing the object to acting out. This resembles the hypnotic phenomenon according to Freud's description: the hypnotizer replaces the ego ideal, and hypnotic docility is "a kind of paralysis resulting from the influence exerted by an omnipotent person on an impotent and defenceless object" (1921). The object that has been induced to acting out, unaware of this process, may later rationalize his acting out, in the same way as the hypnotized person does after fulfilling the hypnotic instructions.

Final Reflections on the Concept of Acting Out

The concept of acting out has been recently enlarged upon and applied to various areas and forms of human behaviour. This enlargement is

justified to a certain extent, taking into account the specific elements common to acting out in criminal and antisocial behaviour and to the tendency to acting out in patients unable adequately to recall, think, or feel. I consider it advisable, however, to restrict its application to psychoanalytic experience in order to limit one of the fields in which it appears more clearly. It is in this particular field where it can be more thoroughly studied, because the psychoanalytic framework offers the best possibility of understanding what happens in a bipersonal relationship. Acting out is basically a process that develops in an object relationship, as I have attempted to show.

Acting out, as every verbal or non-verbal expression of the patient, implies an informative element (Limentani, 1966). In certain cases, the message transmitted by the neurotic part of the patient may be nullified by the attack of his psychotic part on the receiver of the message (the analyst) and his understanding capacity. But this last type of acting out is the one that we find stubbornly garrisoned on the lines of resistance.

Patients who act out paradoxically have a fairly good perception of reality, which enables them to grasp with accuracy the objects which act as receivers of their acting out. This boldly contrasts with the distortion of reality of another part of their ego. One might say that these patients attack reality with elements of the secondary process, transforming it into elements of the primary process. Acting out would be the dramatization of a dream in which the patients try to modify alloplastically the other, to transform him from his own autonomy into a depository. In other words, they attack the boundaries set by external reality and objects, transforming them into inner objects and parts of the self which they handle arbitrarily, much in the same way as they do in dreams in which reality elements (day residues) are transformed into elements of the primary process. It would correspond to the manner in which hallucination was used in childhood in the service of the pleasure principle.

It could therefore be stated that acting out is a dramatized dream acted out during wakefulness — a dream that could not be dreamt.

REFERENCES

ALVAREZ DE TOLEDO, L. G. (1954). "El análisis del 'asociar', del 'interpretar' y de las 'palabras'." *Rev. de Psicoanal.*, 11.

ANGEL, K. (1965). "Loss of identity and acting-out". *J. Amer. Psychoanal. Assoc.*, 13.

BELLAK, L. (1965). "The concept of acting-out:

theoretical considerations" in *Acting out* ed. Abt and Weissman. (New York: Grune & Stratton.)

BION, W. R. (1962). *Learning from Experience*. (London: Heinemann.)

BIRD, B. (1957). "A specific peculiarity of acting-out." *J. Amer. Psychoanal. Assoc.*, 5.

BLOS, P. (1966). "The concept of acting out in relation to the adolescent process" in *A Developmental Approach to Problems of Acting Out* ed. Rexford. (New York: Int. Univ. Press.)

DEUTSCH, H. (1966). Discussion of Dr Greenacre's paper in *A Developmental Approach to Problems of Acting Out* ed. Rexford. (New York: Int. Univ. Press.)

EKSTEIN, R. (1965). "A general treatment philosophy concerning acting-out" in *Acting Out* ed. Abt and Weissman. (New York: Grune & Stratton.)

FREUD, A. (1965). *Normality and Pathology in Childhood*. (New York: Int. Univ. Press.)

FREUD, S. (1911). "Formulations on the two principles of mental functioning." *S.E.*, 12.

— (1916). "Criminals from a sense of guilt." *S.E.*, 14.

— (1921). "Group psychology and the analysis of the ego." *S.E.*, 18.

— (1925). *Inhibitions, Symptoms and Anxiety*. *S.E.*, 20.

FRAZIER, S. H. (1965). "Psychosomatic illness: a body language form of acting out" in *Acting Out* ed. Abt and Weissman. (New York: Grune & Stratton.)

GARCIA REINOSO, G. R. DE (1966). "Una contribución al estudio del acting-out" (unpublished).

GITELSON, M. (1963). "On the problem of curative factors in the first phase of psychoanalysis." *Int. J. Psycho-Anal.*, 44.

GONZALEZ, A. (1966). "Towards a definition of the analytical process. The part played by separation anxiety" (unpublished).

GREENACRE, P. (1950). "General problems of acting-out." *Psychoanal. Quart.*, 19.

— (1966). "Problems of acting-out in the transference relationship" in *A Developmental Approach to Problems of Acting Out* ed. Rexford. (New York: Int. Univ. Press.)

GREENSON, R. R. (1966). "Comment on Dr Limentani's paper." *Int. J. Psycho-Anal.*, 47.

GRINBERG, L. (1962). "On a specific aspect of countertransference due to the patient's projective identification." *Int. J. Psycho-Anal.*, 43.

— (1963). "Psicopatología de la identificación y contraidentificación proyectivas y de la contra-transferencia." *Rev. de Psicoanal.*, 20.

— (1964). *Culpa y Depresión*. (Buenos Aires: Paidós.)

— (1966). "The relationship between obsessive mechanisms and a state of self-disturbance: de-personalization." *Int. J. Psycho-Anal.*, 47.

JOHNSON, A. M. and SZUREK, S. A. (1956). "The genesis of antisocial acting out in children and adults." *Psychoanal. Quart.*, 21.

KANZER, M. (1957). "Acting-out, sublimation and reality testing." *J. Amer. Psychoanal. Assoc.*, 5.

KLEIN, M. (1952). "Notes on some schizoid mechanisms" in *Developments in Psycho-Analysis* by Klein *et al.* (London: Hogarth.)

LAMPL-DE GROOT, J. (1952). "Re-evaluation of the role of the Oedipus complex." *Int. J. Psycho-Anal.*, 33.

LANGER, M. (1957). "La interpretación basada en la vivencia contratransferencial de conexión o desconexión con el analizado." *Rev. de Psicoanal.*, 14.

LEEUW, VAN DER, P. J. (1966). "Lack of mother love. A clinical contribution to the problem of early neglect" (unpublished).

LEWIN, B. (1946). "Sleep, the mouth and dream screen." *Psychoanal. Quart.*, 15.

LIBERMAN, D. (1966). "Enfoques conceptuales para la comprensión psicoanalítica de las psicopatías" in *Psicoanálisis de la Manía y Psicopatía* ed. Rascovsky and Liberman. (Buenos Aires: Paidós.)

LIMENTANI, A. (1966). "A re-evaluation of acting-out in relation to working through." *Int. J. Psycho-Anal.*, 47.

MELTZER, D. (1967). *The Psychoanalytical Process*. (London: Heinemann.)

— (1967). Personal communication.

MICHAELS, J. (1959). "Character disorder and acting upon impulse" in *Readings in Psycho-analytic Psychology* ed. Levitt. (New York: Appleton Century.)

LANGELL, L. (1955). "A unitary theory of anxiety." *J. Amer. Psychoanal. Assoc.*, 3.

RASCOVSKY, A. and M. (1968). "The genesis of acting out and psychopathic behaviour." *Int. J. Psycho-Anal.* (this issue).

REXFORD, E. N. (1966). "A developmental approach to problems of acting out. A symposium." (New York: Int. Univ. Press.)

RODRIGUE, E. (1966). "El contexto de la transferencia" in *El Contexto del Proceso Analítico*. (Buenos Aires: Paidós.)

RODRIGUE, G. T. DE (1966). "Transferencia primaria" in *El Contexto del Proceso Analítico*. (Buenos Aires: Paidós.)

ROSENFELD, H. (1965). "An investigation into the need of neurotic and psychotic patients to act out during analysis" in *Psychotic States*. (London: Hogarth.)

STERBA, R. (1946). "Dreams and acting-out." *Psychoanal. Quart.*, 15.

ZAC, J. (1967). "The week-end relationship in analysis and acting-out" (unpublished).

ZETZEL, E. (1949). "Anxiety and the capacity to bear it." *Int. J. Psycho-Anal.*, 30.

CONTRIBUTION TO SYMPOSIUM ON ACTING OUT¹

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My contribution to this Symposium is based on the work of a group, On Problems of Delinquency, which forms part of the research programme of the Hampstead Child Therapy Clinic. We have been fortunate in having Miss Freud's advice and criticism whenever we presented our cases or our theoretical assumptions in staff meetings.

Only clinical material gained during child analysis has been used in this project: five children aged 10-15 were in treatment for between two and four years. The analysis of one case is still going on and two new cases have started recently. When we began the research in 1962 we set ourselves the task of studying three concepts: (i) Acting out; (ii) The Pathology of Object Relationships in the Delinquent; (iii) Frustration Tolerance.

We soon realised how interlocked these concepts are and how difficult it would be to isolate them from each other. I shall, naturally, concentrate here on the concept of acting out. We, in our study, look upon the delinquent act as a symptom formation, a compromise solution between the unconscious attempt to avoid painful affect, whilst the content of the acting out represents a striving towards immediate libidinal or aggressive gratification. This corresponds roughly to the analytic model of symptom formation.

All our cases are permanent or chronic actors-out in contrast to children who only act out under acute stress, e.g. a child who steals biscuits from other children's lockers while his mother is in hospital. Although these children usually stop their acting out when the mother returns, they nevertheless show us clearly the mechanism of acting out as a breakdown of control and a regression to earlier forms of behaviour. From the analysis of our cases we came to the conclusion that conflicts which are acted out repeatedly and compulsively can evolve from different agencies in the structure: ego and id, ego and superego, ego and ego-ideal.

As our first study we chose stealing, the most frequent symptom of delinquency in children, and gradually we established seven different categories of this symptom:

- (1) Stealing as a means of restoring the *lost mother-child relationship*: what is stolen represents symbolically or directly food and other satisfactions given by the mother; the defence is directed against the realization of feeling deserted, empty, depressed. Further pathological development leads to over-eating, drug taking and addiction.
- (2) Stealing as an *aggressive act*: to deprive somebody of a precious, envied possession; defence against envy and rage; e.g. an institutional child who stole watches in school from children who had been given them by parents.
- (3) Stealing as a defence against *fears of being damaged*; the stolen objects here represent a part of the body or a function of the body—fountain-pens, water pistols, jewellery, cosmetics. An example of this is a childless woman who, in the beginning of the menopause, stole diapers from the washing-lines of other women. The stolen objects in this category have a fetishistic quality.
- (4) Stealing in order to achieve *punishment*: here the defence is directed against feelings of guilt—mainly over masturbation and aggression. Punishment is provoked and welcomed, but does not act as a deterrent.
- (5) Stealing as a means of restoring or adding to *self-esteem*: a young man patient stole every time he was criticised by a woman representing his mother who had finally deserted him at the age of 2 years 4 months; with the stolen money he bought gramophone records which he played to himself. This shows the turning away from the unsatisfactory love object to possessions;

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

as a character type this is the Collector for whom his collection is more important than love objects.

- (6) Stealing in connection with, and as a reaction to, *a family secret*: adoption, an extra-marital love affair of a parent, mental illness in the family, etc. The child in this category seems to express the feeling "I know what *you* have done" and the delinquent act is like an unconscious confession and punishment for the lying parent. (Patricia, an adopted girl of 14, whom I analysed many years ago, stole money at random to buy cakes and pastry. After eating them she flattened the paper-bags in which she had bought them and "hid" them inside her pillow case, as the mother was hiding the adoption papers in a locked case.)

- (7) Stealing for excitement (*Lust Angst*) and as a substitute for *a sexual act*; most frequent in adolescents.

I have devoted so much of my time to describing the various dynamic meanings of stealing to ensure that we do not dismiss stealing merely as an impulsive action. I also wanted to emphasize that delinquency is a descriptive, evaluating term, not a dynamic one. For diagnostic classification stealing children merit very different assessment; only when the underlying conflict is understood, can the treatability of the child be gauged. At the same time I hope I have shown in my seven categories of stealing that although the symptom is expressed on different libidinal and aggressive levels, it is always acted out, and, therefore, different from neurotic symptom formation. It is important to emphasize, however, that the actor-out is not more free in his pathological behaviour because he can *act* where the neurotic is inhibited and living in fantasies: the acting out is as strictly determined and as specific as the neurotic symptom.³ The delinquent children whom we analysed provided us with this conviction in a very dramatic way and I feel we are thereby justified in extending our findings to acting out in general.

We were very fortunate to be able to include in our study children who came from so-called "good" families, so that their stealing could not be rationalized as a social problem caused by material deprivation. In one case the stealing occurred only within the family. Only one child

came from a "delinquent" family, and he was analysed in a school for maladjusted children. Delinquent symptoms in addition to stealing which we analysed in our cases were: running-away, playing truant, lying, uncontrolled behaviour in school, and fire-raising.

I would like now to return to the concept of acting out. In my own mind I always put the term in inverted commas: as one usually does when using a word in a slightly selfconscious way or in an esoteric sense. Anna Freud, in her clear introduction to this symposium, expressed concern about the over-extended use of a term which, originally, had a very specific meaning relating exclusively to resistance to remembering and verbalizing in analysis. The acting out occurred only when the repressing forces had been weakened by the analytic work. In delinquents the "acting out" is there *before* treatment starts; it represents the specific pathology of the patient and, paradoxically, can be successfully treated only when the "acting out" is analysed and the patient becomes conscious of what and why he acts out.

On the other hand the similarities between the dynamics of the acting out of the neurotic patient under analysis and those of habitual acting out are so important that I consider it justifiable to adhere, at least provisionally, to the term "acting out" in relation to the latter. Other terms, like "impulsive action" or "psychopathic behaviour" or "character disorders" seem to me to introduce additional descriptive and evaluating elements which tend to obscure the existing understanding amongst analysts of what an acting out patient is like.

It is important here to remember that Freud himself in the *Psychopathology of Everyday Life* (1914) dealt with acting out in the so-called normal person. In the chapter on "Erroneously Carried-out Actions" he successfully analysed the underlying conflict expressed in faulty actions as *isolated* incidents. In the chapter on "Symptomatic and Chance Actions" he turned to *habitual* actions, like stroking one's beard, and their meanings. Later, Freud coined the term "fate neurosis" in reference to people whose whole life seemed to be a repetitive acting out of one and the same dramatic event.

Thus the acting out in the consulting room as well as in the outside world is bound up with the compulsion to repeat in action instead of

³ Whilst the neurotic is inhibited in action, the actor-out is inhibited in free play and fantasy production for substitute gratification. All our children used play in a

very repetitive way, limited to a very few items like toy cars, playing cards, matches, water, comics. All of them were silent patients, unable to communicate in words.

remembering (Fenichel). This seems to me to justify its use for the type of patient on which this study is based.

I would like to add here a tentative attempt towards the genetic choice of the pathology of acting out versus neurotic symptom formation. We have found in most of our cases a break in the mother-child relationship at the very height of the ambivalent phase of development when only the presence of the mother and her tolerance make it possible for the child to express his libidinal and aggressive feelings, his love and hate of her whilst gradually accepting the unavoidable frustrations and restrictions set by her and others. If at that period of development (tentatively put at 18 months-2½ years) a break in the mother-child relationship occurs which interrupts this phase of development, the child's capacity for a relationship to an object above and beyond the need-satisfying, giving role is interfered with. Moreover, the distressed child, accustomed to an established balance between satisfaction and frustration will, under the impact of the loss of the mother, become more demanding, more angry, and more difficult to satisfy: a vicious circle is thus started which later on makes every adaptation to new frustrations more upsetting to the child.

For reasons of time it is impossible to give details of the case histories of our patients. I would like to mention only a few examples of the upsets in the mother-child relationship which we observed: one patient's mother deserted the child when she re-married; one mother detached and rejected the child at the beginning of his phallic development, transferring onto him her disappointment and anger with her ineffective husband; one mother had to accompany her husband who developed severe claustrophobic anxieties and had to leave the child behind; one mother had a mental breakdown and the child went to a foster home; one child's mother had a baby, only 18 months after the previous child, and could not cope; she withdrew, stayed in bed and looked after the child in a perfunctory way. The break in the relationship to the mother, at the time when the child begins to curb emotional outbursts with the help of the

mother, has naturally a decisive influence on the stability and evenness of the frustration-tolerance development.

To summarize these remarks: a child of 18 months-2½ years can only cope with an onrush of pain and anxiety by massive repression, by "forgetting". But any situation later on which threatens to bring back the pain might lead to acting out, as described above. No thought process is available to a child of this age—memories of the lost object stimulate pain and the sense of loss. Total repression is attempted, the acting out representing breakthroughs of the repressed or the fight against the upsurge of painful affect. Verbalization at this age is inadequate. In analysis it is the analyst who verbalizes the patient's acting out in the light of the past, repeated in the transference.

It may be that all acting out can be seen as a reaching-out for new objects, a search for a love object that will, ultimately, restore the original being together with the mother in early childhood, when the child felt protected by her, and secure by being given certain standards of behaviour from which he could have progressed gradually by using these standards for his own internalized superego. The essential point would then be to reach the child before he has given up hope (Winnicott) and before the secondary gains of antisocial acts have made him feel as if he was independent of love objects.

I would like to end on a hopeful note. Although we still lack clear theoretical concepts of early pathological development, we know that, in accordance with good analytic tradition, our clinical work will pave the way for better conceptualization in the future. The acting out patient provides us with many challenges, but perhaps also with an understanding of early pathology which the neurotic patient cannot give us. Moreover, analysis has helped all the delinquent children in treatment. One can only shudder at the thought of what might have been their fate if they had not been taken into treatment, but had been immersed in the institutional care of the machinery set up for the delinquent child and the adolescent.

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CONTRIBUTION TO SYMPOSIUM ON ACTING OUT¹

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Anna Freud has clearly outlined those specifics which distinguish acting out from other behaviour commonly confused with it, and Grinberg's clinical paper provides us with excellent examples of the three consequences of the analytic situation mentioned by Miss Freud: the expression of id derivatives through remembering, repetition in the transference, and action outside analysis. In my comments I shall attempt a further differentiation of acting out and express some thoughts about the genesis of the tendency.² A clinical vignette will illustrate certain points I wish to make.

A young man in his thirties entered analytic treatment for reasons not related to a behaviour pattern, at first consciously conflict-free, which some analysts would regard as a living out of neurotic problems. On three separate occasions he had a longstanding affair with marriageable girls toward whom he had tender, loving feelings. He lived with the last one at week-ends, had sexual relations, but was psychically impotent. During the week he was promiscuous to a remarkable degree, picking up a new girl sometimes almost nightly. He was adept at seduction and experienced an excitement, satisfaction, and relief of tension on these occasions which he never achieved with his steady girl friend. Analysis revealed that these sexual activities represented the satisfaction of his passive, homosexual longings through an identification with the girl and a turning of passivity into activity. An aggressive, sadistic pleasure was experienced in these episodes, which represented a mastery of his childhood dependency on his mother at a preoedipal level as well as an oedipal triumph over his father. Though he was mildly bemused by his behaviour, it continued despite interpretation until the analyst suggested that he should consider discontinuation of the pattern in the interest of his analysis. This was experienced as a prohibition. His promiscuous behaviour was stepped up in intensity and frequency, but he experienced severe anxiety in connection with possible but unlikely retaliation from the husband

of one of his girl-friends and castration anxiety became evident in his dreams.

What determined the analyst's intervention and its appropriateness from the standpoint of analytic technique will not be considered here. Superego prohibitions had been reactivated in the analysis. The patient's increased sexual behaviour was then more directly related to his transference feelings toward the analyst. On one hand, the activity expressed positive oedipal wishes through the heterosexual gratification and defiance of the father-analyst-husband, and on the other hand, becoming more active represented a defence against the negative oedipal wish passively to submit to the analyst's domination. Previously, the patient's sexual activity had represented a neurotic pattern of behaviour. The same type of activity was regarded as acting out only when the analyst, as a transference figure, became more directly involved in the patient's conflict, and the superego representations were externalized by projection onto the analyst and then displacement to the husband.

This brief excerpt represents an attempt to differentiate acting out from action expressing a pattern of neurotic behaviour. All action may be presumed to be overdetermined, to be mediated by the ego, and to include drive derivatives and defensive aspects as well as autonomous ego functioning. If we do not establish criteria for making a distinction, it is possible to question whether there is any action that does not have an element of acting out. Grinberg regards certain psychosomatic and hypochondriacal disturbances as "acting out equivalents", and states that certain dreams may also function as a "container", serving to free the patient of increased tension. Although true, the same might be said for other alternative means of resolving conflict. What is the essential difference between such modes of reaction, and what determines it? It appears to us that the essential feature of acting out is that transference fantasies,

¹ Read at the 25th Congress of the International Psycho-Analytical Association, Copenhagen, July 1967.

² I am indebted to members of the Beres Section of the Kris Study Group of the New York Psychoanalytic Institute for many of the ideas contained in this discussion.

A more complete report of the deliberations of the group, which studied clinical data and theoretical considerations relating to the problem of acting out over a two year period, will be published in the Monograph Series of the Kris Study Group.

stimulated by a current situation but related to an earlier psychic event not subject to verbal recall, contribute to conflict which is resolved by the projection of self and object representations onto an external object in a concretistic way with re-enactment of the unconscious ideational content in a dramatic screening fashion. Our patients are not always adult neurotics with intact ego functioning, however, and it is often difficult to distinguish their acting out from their neurotic behaviour generally or from perversions. These varieties of behaviour may occur in the same individual, different mechanisms being operative simultaneously or employed alternatively. A common dynamic basis is often present for these varied reactions, and we have observed that neurotic symptoms sometimes replace acting out after its interpretation. I believe that Grinberg's analysis of his patient's dreams indicates a similar shift from an alloplastic to a more autoplasmic solution of conflict. It is true, of course, that whenever internal conflict is resolved by a disregard for reality—to some extent in neurotic mechanisms, and to a progressively greater degree in acting out and in the psychoses—there is a presumed similarity to the dream process, but to regard acting out as a dramatized dream during wakefulness by-passes the essential differences between these processes.

Since he says that acting out patients "evacuate inner-damaged objects and conflicting parts of the self into an external object", Grinberg apparently shares our view about the nature of the acting out process. He is referring to the discharge of affects by externalizing that which is objectionable about the self and object by oral, anal, or urethral means, using bodily function as the model for psychic functioning. This description of acting out in primitive ego terms is consistent with the observation that chronic actors-out often show a chaotic structural integration. Problems in sphincter control, anal and urethral, are often apparent in symptomatology and character structure, and the stringency of urges is counterbalanced by strong inhibitions, so that on occasions impulsive and explosive expression of oral, anal, and muscular sadism occurs. Acting out may also represent equivalents of an exhibitionism which is strongly repressed.

At one point Grinberg states that his therapeutic efforts had resulted in raising the oral sadism of his patient from his anus back to his mouth. What has been corrected in this instance is a ready tendency to displacement, also

characteristic of the actor out, which occurs, I believe, not only as a continuing manifestation of the primary process, but also as a result of fusion of the psychic representations of libidinal zones. This psychic state may be related to the genetic situation described by Greenacre (1952) in her paper on pregenital patterning. She describes a conglomeration of zonal sensitivity and a state of disorganization in which there is a relative loss of specificity of stimulus and discharge. This condition may occur as a result of early traumatic situations which suffuse the infant with such massive excitement that all possible channels of discharge must be used, regardless of their degree of maturity.

As Grinberg points out, an object relationship is indispensable for acting out, and the transference constitutes an integral part of the behaviour. Conversely, we may wonder whether a transference neurosis is possible without some degree of acting out. Verbal associations dealing with transference feelings and fantasies may seem to be devoid of acting out, but this impression is in part attributable to the fact that the term "acting" has itself contributed in our thinking to an over-emphasis on the motoric aspects, with some disregard for the affect and ideation involved—and the transfer in repetition of ego attitudes, Anna Freud has added.

Acting out patients are often reluctant to describe their behaviour. It seems probable that the self-observation and shift to the secondary process implicit in relating the acting out episode in analysis thwarts its defensive function. The first superego prohibitions were contained in verbal symbols, and verbal communication awakens the anxiety connected with them. In other instances, however, the acting out is freely discussed, and Greenacre (1950) has noted that the description may itself be a verbal exhibitionistic acting out. It may even contain a special message to the analyst. Almost invariably, then, acting out is related to communication, either serving it or, as a substitute, avoiding it.

There is, I am sure, almost universal corroboration of Grinberg's observation that acting out is frequently associated with separation from the analyst and that reactivated affects related to earlier object loss play an important role in precipitating such behaviour. Nevertheless, all acting out does not occur in the context of separation, and I am sure that he did not intend to suggest that it is always separation and the affects connected with object loss which initiate the process. There is strong indication, however,

that the vicissitudes of the separation-individuation phase and their effect on ego development and structural integration may largely determine this way of dealing with inter- and intra-systemic conflict and the discharge of affects. Greenacre's (1950) observations about the importance of traumatic events in the second year of life, during which sphincter control, speech, and locomotion are being mastered, Jacobson's (1966) formulations about self and object representations, and Mahler's (1963) observations are particularly useful in understanding the ontogenesis of the acting out phenomenon. When the mother has not presented the infant with an optimal degree of instinctual gratification and frustration, graded to the needs and strength of the child's developing ego, individuation and the development of a sense of self and identity are impaired. With an incomplete differentiation of the self, a narcissistic orientation is inevitable; libidinal expression encounters the danger of merging and loss of identity (Angel, 1965); and separation encourages the predominance of aggression in the fusion of instinctual drives, resulting in sado-masochistic behaviour and the threat of loss of the object (Rubinfine, 1962). Neutralization of energies for the further development of ego functioning is deficient. During the period of separation-individuation, thought and speech are still secondary to action. Motor activity is the most important means by which the child can

actively separate himself from the mother, thereby aiding in the differentiation of self and object representations. The gratification of such action aids in the cathexis of self representations and the process of individuation. Locomotion provides the means for either independence from or reunion with the mother and inevitably becomes influenced by ambivalence toward the object. If traumatic overstimulation has caused painfully intense libidinal or aggressive impulses, action more than speech becomes the preferred means of preserving either the object or the self by escape to more displaced objects.

Although this early stage is of crucial importance in the development of acting out, our understanding would be incomplete without consideration of the continuing influence throughout childhood and adolescence of objects whose own behaviour provides a model for the introjection of concretistic and primary process thinking instead of secondary, a predilection for impulsive action as opposed to the delay inherent in thinking, and the internalization of an archaic or corrupt superego and continuation of the need for externalized controls. Grinberg has given us an intimate glimpse into the mind of the mature actor-out, the end product of the development I have outlined. The stimulating ideas he and Anna Freud have presented will, I am sure, encourage much discussion and continuing thought.

REFERENCES

ANGEL, K. (1965). "Loss of identity and acting out." *J. Amer. Psychoanal. Assoc.*, 13.

GREENACRE, P. (1950). "General problems of acting out." *Psychoanal. Quart.*, 19.

— (1952). "Pregenital patterning." *Int. J. Psycho-Anal.*, 33.

— (1963). "Problems of acting out in the transference relationship." *J. Child Psychiat.*, 2.

JACOBSON, E. (1964). *The Self and the Object World*. (New York: Int. Univ. Press; London: Hogarth.)

MAHLER, M. (1963). "Thoughts about development and individuation." *Psychoanal. Study Child*, 18.

MAHLER, M. and FURER, M. (1963). "Certain aspects of the separation-individuation phase." *Psychoanal. Quart.*, 32.

RUBINFINE, D. (1962). "Maternal stimulation, psychic structure, and early object relations (with special reference to aggression and denial)." *Psychoanal. Study Child*, 17.

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ACTING OUT AND THE PSYCHOANALYTICAL PROCESS¹

by JULIEN ROUART, PARIS

The term acting out has received a very wide acceptance, but the extended meaning of the concept, which Anna Freud has criticized, means that it is difficult to avoid a vague definition due to this extension, since it is not obvious that a single definition can suitably describe all that is included within the term.

A majority of authors tend to use a very general concept of the term and start from the same premise as Freud who considered repetitive acts as resistance to recall. For him the most noteworthy manifestation of this repetition was an active and emotional experiencing of the transference. But most writers feel that since then psychoanalysis has contributed to the knowledge and understanding of the meaning and genesis of many manifestations of action in various types of behaviour. This amounts to considering acting out as a "clinical fact" or, in other words, seeing it from a psychopathological or even a nosological point of view, with acting out being much more likely to occur during treatment with patients of impulsive behaviour patterns.

Nevertheless it should not be forgotten that acting out appears in very different circumstances depending on whether it is

(a) acting out in the transference as it develops in analysis (even when during treatment it takes on—in its extreme form—the aspect of a psychotic episode, in which case it is different from the symptom for which it may be substituted to a lesser or greater degree and at specific times); or

(b) acting out as a clinical fact or a symptom.

Taking a different point of view from that of the ordinary clinician, a strictly psychoanalytical view, the comparison between acting out in the transference and impulsive behaviour can be made on the basis of deeper knowledge of the pregenital determinants of impulsive, character-determined, prepsychotic, or psychotic pathological behaviour. It is undeniable that the work of the Kleinian school has greatly contributed to

this increased knowledge. Indeed, the case presented by Grinberg in his report is that of a patient who is particularly disposed to acting out. As is shown by the fragment of analysis described, the occurrence of acting out in the treatment is connected with the transference relationship. Subsequent working through by analysis of the concomitant dreams, or more especially of the later ones, highlights the pregenital relationship with the introjected object, the object involved in the act and the analyst. Grinberg states in his conclusion that it is wise to restrict the application of the concept of acting out to the "psychoanalytical experience so as to remain within a domain in which acting out is clearly defined", and he shows in an object relationship we have "the psychoanalytical set-up which offers the best possibilities for understanding what occurs in a relationship between two people".

The analysis of Grinberg's case shows that the week-end acting out episodes have, under the appearance of a rather banal encounter, a latent content which is essentially made up of an oral-sadistic and anal-sadistic pregenital object relationship. This allows of a comparison of the conditions which generate transference acting out with those which generate behavioural acting out in psychopathic personalities. But is such a degree of regression always encountered, even in symptom neuroses, and assuming an object relationship at the genital level? We know that there are practically no analyses during which no acting out occurs. Is this necessarily always the result of such a marked pregenital regression and of the intervention of the mechanism of projective identification? Are these conditions absolutely essential to the existence of the lack of conscious recognition involved in acting out? One may also wonder if the highly archaic material is not, in some cases, being used as a defence against a more direct expression of some more developed conflict. Inversely, it would seem that the very primitive

¹ An introduction to the French Language Symposium on acting out at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

and sadistic object relationship could well be expressed in dream material without necessarily and systematically involving acting out.

Apart from the emphasis which the Kleinian school has placed on the evidence of a sadistic pregenital relationship contained in any acting out, its importance as a symptom has been pointed out mainly by psychoanalytically trained therapists who use active therapy of behavioural disturbances, in view of the difficulty of handling such cases by the classical analytical method. They attribute a positive value to acting out, as being a *revelation* and a *discharge*, and hence having therapeutic value. This outlook, unlike that of the analytic process, would appear to be similar to cathartic therapy. Now it so happens that the birth of psychoanalysis itself was the result of a kind of anti-cathartic reaction of Freud's when he perceived simultaneously:

(i) the over-immediate discharge character of acts carried out in the twilight state or under hypnosis, and therefore non-integrated by the coexistence of the representation, the verbalization, and the emotion which are opposed to the action;

(ii) the transitory character of cures obtained by this method;

(iii) the "false connection" character which is all the more obvious for being sudden and inappropriate and which is attributed to the transference.

The intense re-living, caused solely by the therapeutic bond, brought Freud suddenly into an intimate relationship with the patient. The latter was affectively involved, but the relationship, in which Freud felt he had no personal part, caused him to describe this phenomenon as transference. It was in fact an acting out. It was this manifestation in action, resulting less from a symptom than from the transference, which inspired Freud to formulate remembering-working-through and the action-transference-resistance triad as opposites.

Transference, which was first seen as a resistance by action and an obstacle, came to be regarded as "the most powerful ally of psychoanalysis", due to the fashion in which it is experienced in the analytic situation, where the reclining position, passive and motionless, tends to prevent action and, conversely, to encourage regression following a representative, freely associative, sometimes almost hallucinatory mode which likens it to dreaming. Talking is the only action. Transference feelings and ideas can be expressed verbally, and henceforth

resistance is made up of all that opposes this verbalization—in particular, the acting out which is automatically brought about by the momentary intensification of the transference, as was pointed out by Freud. This intensification tends to cause either a hallucinatory phenomenon or acting out, the latter being more readily accepted by that part of the ego which is adapted to reality, due to the possibility of its being rationalized. The analysis bears upon these two forms of resistance. It is precisely the analytic situation which accounts for the more important overdeterminations of acting out or at least the moment at which acting out occurs.

This possibility of verbalizing transference feelings without acting upon them has led to a tendency to forget that transference was originally an acting out and to view it as if from a distance, as uncooperative behaviour of the analysand or as a mistake on the part of the analyst, which is neither excluded nor necessarily true. But in taking this view, one loses sight of the tendency of transference to be discharged in action given certain conditions.

While emphasizing the purely transitory character of the cathartic method, Freud pointed out that remembering and bringing to consciousness were not sufficient, that they were only one part of the analytic process and that the working through alone could bring about, with time, not only actualization in transference and remembering but also integration. Therefore acting out must be viewed in the light of a combined study of transference and of working through, since, although a manifestation of transference, it is on the other hand a particularly strong resistance to working through. That is why there is no great advantage to be gained from considering acting out as a distinct entity outside of the analytical relationship.

A study of transference acting out, i.e. in the analytical relationship, entails considering it with respect to both partners in this relationship, and therefore also with respect to the analyst. The problem of transference is also the problem of countertransference. The latter has been considered from two interdependent points of view: one concerns the role of the analyst's unconscious attitudes in the *instigation* of acting out by the patient, despite his analytical experience; and the other is that of countertransference reactions related to the acting out of the analysand. Apart from those resulting from unawareness due to the analyst's personal

neurosis, Grinberg brings in the role of projective counter-identification, a defensive and rejecting attitude on the part of the analyst against the archaic and particularly intolerable oral- and anal-sadistic manifestations which are projected into him by the projective identification of the patient in the form of acting out

which disguises it. The existence of this mechanism raises the question of whether this applies to psychotic and similar cases only, or whether it must be considered as general.

These matters would require much development from the point of view of countertransference seen as "acting in" by the analyst.

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CONTRIBUTION TO SYMPOSIUM ON ACTING OUT¹

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Before entering into the description of the experiences our group of analytical workers has made with acting out patients, I should like to give a short review of what is meant by acting out in psychoanalysis. We distinguish between acting out in everyday life and the special forms of acting out that we observe in psychoanalytical treatment. In everyday life, acting out is usually an attempt at solving an unconscious conflict by motor or other activity; it is motivated by instinctual needs rather than called-for by the real situation. Whether or not it serves its purpose will depend on the ratio of the components making up the motivation, namely the personal conflict and the amount of reality-testing faculties the individual's ego has been able to retain for a sound evaluation of his surroundings. The actions of a revolutionary, for instance, even if his discontent is partially based on unconscious personal problems, may still be sensible if severe abuses in the social conditions around him call for a change. Success or failure of the cause will then as a rule depend on whether or not the factual evaluation of reality outweighs the share of subjective need-satisfaction. The need for dramatization inherent in the tendency for acting out will often prove detrimental; on the other hand, severe restrictions suppressing this need may paralyse the learning process through "trial and error" apart from the lack of impetus and colour such a restrictive behaviour would be bound to display.

Acting out in the psychoanalytic situation may be observed both in the analytic session itself, where it is an expression of transference directed towards the analyst, and in situations outside the consulting-room, as a reflection of the analytic process. In the latter case it is often manifested in relation to persons other than the analyst; the transference is displaced on some animate or inanimate objects in the patient's surroundings. Sometimes we observe acting out behaviour as a result of the impulses that have

been liberated from repression and are now put to the test in the world outside. Even in the analytic session, acting out may occasionally be a kind of useful trial-behaviour preceding the venture of applying some newly-gained insight to the world at large.

Acting out in the analytic session was described by Freud. Instead of verbal reports of memories, Freud stated, the patient will act his conflicts either in his behaviour or in deeds:

For instance, the patient does not say that he remembers that he used to be defiant and critical towards his parents' authority; instead, he behaves in that way to the doctor. He does not remember how he came to a helpless and hopeless deadlock in his infantile sexual researches; but he produces a mass of confused dreams and associations, complains that he cannot succeed in anything and asserts that he is fated never to carry through what he undertakes . . . (Freud, 1914, p. 150).

According to Freud, acting out is based on the tendency to repeat:

The greater the resistance, the more extensively will acting out (repetition) replace remembering (p. 151).

Freud added that the patient is unaware of repeating old conflicts by acting them out; in his opinion his behaviour is fully ego-syntonic. The patient cannot understand, for the time being, that he is confounding the present with the past.

Acting out in analysis, then, serves the patient's resistance to treatment; but at the same time it is a message, a sign-post pointing to some early infantile conflict which the analyst can use for his interpretations. The young child, and the younger he is the more so, will act rather than verbalize whatever his unconscious drive impulses are urging him to express. As Greenacre (1950) has shown, during the second year of infancy, when mastery of speech sets in, disturbances in development may affect verbal

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communication and "motor discharge takes over the burden of the increasing need for communication."

A certain amount of and variety of neurotic acting out in analysis seems unavoidable, since it is an essential function of the analytic work to draw forth certain repressed and denied memories and fantasies; furthermore, the preverbal conflicts which may become revived in that way cannot be expressed but by action. Such an infantilization of behaviour may be called benign as long as it is experienced as something ego-alien. Chronically manifested and ego-syntonic forms of acting out, however, are very dangerous; the patient does not appear to have at his disposition that ego-faculty which would allow him to distance himself from such a behaviour and to enter into a working alliance with his therapist. What is experienced as ego-syntonic does not press for a change. Analysts will agree that acting out should be interpreted whenever possible, and no un-analytical means should be used for its control. There are, however, extreme situations when other than analytical forms of intervention are indispensable.

There are certain similarities between acting out behaviour and dream-work—just as in dreams, mortifying or otherwise unpleasurable memories are distorted and acted out in a wish-fulfilling sense. The unpleasant memory is repeated in an embellished form so that it becomes more gratifying. In doing so the patient may try to involve the analyst and make him into an accomplice in the falsification of the past (Greenson, 1966). The intensity of the wish for acting may be directly related to the degree of fixation to disturbing and mortifying childhood experiences the patient had to suffer.

Anna Freud (1936) describes acting within the analytic situation as an intensification of transference; the patient

for the time being . . . ceases to observe the strict rules of analytic treatment and begins to act out in the behaviour of his daily life both the instinctual impulses and the defensive reactions which are embodied in his transferred affects.

She continues by saying:

It is instructive from the analyst's standpoint, in that the patient's psychic structure is thus automatically revealed in its natural proportions.

Whenever we succeed in interpreting this "acting" we can divide the transference-activities into the component parts and so discover the actual quantity of energy supplied at that particular moment by the different institutions.

This relation of energies cannot be observed in its normal distribution in the analytic situation because the fundamental rule of analysis will shift the weights in favour of the id, i.e. we see the patient in "an unnatural endopsychic state." For a diagnostic evaluation of the patient, however, it is extremely important that we should be able to understand the relationship between the developments of ego and id, and of the strength of each of the component parts within the personality.

It is obvious (see also Fenichel, 1945) that neurotic acting out of defended impulses brings about a partial discharge. The impulses may express an immediate instinctual demand or be a reaction to derivatives of the original instinctual drives like an unconscious need for punishment. The patient may experience a momentary alleviation, but he can also feel guilty. In other instances, the inundation of the ego-organization by id-impulses may be felt as a threat or offence. These reactions depend on how much acting out is experienced as ego-adequate or ego-alien to the patient.

There is a great difference between habitual neurotic acting and an isolated case of symptomatic acting out such as frequently occurs in analysis. For the patient, a self-created difficult situation is easier to face than having to endure the pressure from his unconscious. This is particularly the case if acting serves the defence against unconscious guilt feelings. The patient may be induced by his neurotic superego to act in a way the result of which is tantamount to self-punishment; the patient himself may be quite unaware of why he acts that way or that he is inflicting punishment onto himself. In *Civilization and its Discontents* (1931) Freud described the part played by the child's own aggressiveness for the development of his superego. People who continue reacting always in the same damaging way without seeing that their pattern of behaviour is a way of acting out, suffer from what psychoanalysis has come to call "character neurosis," i.e. stereotypes of behaviour caused by aggression turned against the self. Quite frequently this behaviour changes to masochism and the self-damaging acts become libidinally cathected.

Now I wish to present some fragments of analyses illustrating the role played by unconscious wishes for revenge in acting out behaviour. The first of this kind of case was, of course, that of Freud's patient, Dora:

... because of the unknown quality in me which reminded Dora of Herr K., she took her revenge on me as she wanted to take her revenge on him, and deserted me as she believed herself to have been deceived and deserted by him. Thus she acted out an essential part of her recollections and fantasies instead of reproducing it in the treatment (Freud, 1905).

With her "revenge" on the therapist Dora had tried to reverse her painful recollections. It was not she who was deceived and forsaken, Dora was now able to tell herself, but she who left him. And as Dora must have understood how much Freud was interested in the clarification and cure of her illness, she was sure that her revenge was felt.

I now come to our patients in Heidelberg. A young woman of 30 years of age, single, who had a tendency to produce symptoms of hysterical conversion, began a liaison with a married man during a summer break when she supposed that her analyst was travelling with her husband. Some years before, a similar relationship had ended very unhappily. Two other affairs with men whom she despised and referred to as "impossible", had led to similar dramatic and devastating results. Each time when these affairs had been nearing catastrophe—caused by the patient herself—she had informed her parents, and it became clear that it was particularly her mother who suffered most from being helplessly faced with these painful events. In her analysis the patient spent much of the time with deprecating remarks about the analyst's husband whom she knew from publications and lectures, and she displayed a good measure of intelligence in her attempt to depict him as another "impossible" man. In a later phase of her treatment she focused her affectionate fantasies on him. She reported them in a way as if they were reality and ought to be extremely painful and tormenting for the analyst.

The patient recollected that her father, as she said, preferred her to her mother; it was only from compassion that he did not forsake the mother. In the course of treatment, however, it emerged that both parents had lived in a highly dependent relationship upon each other, in a way that the child often felt left out and intrud-

ing. The tie to her mother proved particularly strong, but it was also characterized by an unusual degree of ambivalence. Her tendency to act out which had been dormant for some years was revived during treatment. This was a result not only of the re-activation of oedipal problems with accompanying defence against symbiotic wishes, but was in the first place an expression of her unconscious wishes for revenge to which the patient was fixated. Everything, her behaviour, her fantasies, and her dreams, showed that her libidinal wishes towards her father had only served the need of taking revenge on her mother. The men she met were interesting only if they had wives who could be injured by such a relationship. The unconscious tendency to frighten and debase her mother or mother-substitutes alternated with self-destructive and self-torturing behaviour. Whenever her aggressions which were originally directed against her mother, threatened to reach consciousness in the transference situation, they were turned against herself. There was occasionally even danger that she might give in to impulses of destroying herself. The secret triumph in her voice when she told the analyst of her defeats and difficulties, or the excessive feelings of embarrassment when reporting her fantasies and criticisms revealed the importance of the part played by her need for revenge. As long as her aggressive need to take revenge on a needed but highly ambivalently cathected object continued to be the source of considerable unconscious pleasure and gratification, despite much pain, this need called for repetition and led to rather dangerous forms of acting out in attempts at self-destruction which, she felt, would hurt her mother and her analyst most grievously. Her revengefulness was an indication of the fact that basically the patient was fixated on the level of pre-oedipal development. Her relationship to her mother bore all the characteristics of early infantile engagement in a two-person dyad which asked for exclusiveness. It was only when the pre-oedipal share of her transference had been analysed that the patient was able to take up a satisfying relation with a lover whom she was now able to see as a person in his own right and not as some unconsciously needed mother-substitute.

Another patient suffering from phobic symptoms was able to recover when she understood that her acting out behaviour was a series of camouflaged attempts at suicide. Similar to the above-mentioned patient, she repeatedly engaged

in very unhappy liaisons with married men and got herself into desperate scrapes; it became quite clear, as in the above case, that rather than wishing to have the father for herself, she was fixated to a pattern of taking her revenge on her mother. In analysis she enacted a mixture of need for punishment and revengefulness by staging self-destructive acts and developing quite severe psychosomatic symptoms. By her behaviour she seemed to express that it served the analyst right if she, the patient, died. This at last would show her how incapable the analyst was and how the patient had suffered from her. The patient's history revealed that her relationship to her mother had been an extremely intimate and idealized one, in which all aggressive impulses had to be repressed. Her violent ambivalence which emerged in analysis had been roused by the mother's prolonged mourning for her husband with which she seemed to tell the patient that it was really the father whom she loved. So the patient had come to feel that only if she herself was dead would her mother understand how much she had loved her daughter, but then it would be too late. Playing with death in dangerous acting out behaviour—in which she had several times been almost successful in killing herself—was the patient's expression of taking a perfect revenge on her unfaithful mother. Her phobic symptoms of course expressed her highly justified fear for her own life because of death-wishes directed against herself.

Another patient of a male colleague whom I wish to mention showed unusually demonstrative forms of acting out behaviour. She was a hysterical personality with rapid mood-swings and uncontrolled impulsive reactions. She was, however, unconscious of the aggressive and libidinal nature of her behaviour, and it became quite clear that she meant to keep it unconscious as her behaviour provided her both with pleasure and discharge of drive tension. As an instance for her type of "innocent" impulsive behaviour I wish to mention the following episode. As a girl of fifteen she was given piano lessons by a teacher whom she liked and with whom she was on good terms. Once when she came for her lesson he was ill and in bed. In complete innocence, as she put it, she lay down beside him in order to have a good chat with him. This led to her first sexual intercourse which came as a shock to her. She had then some other sexual relations, equally spontaneously contracted, until she met her husband. Her idea was

that her marriage should be a spiritual relationship with sexuality as a side issue only. She was frigid, and sexual intercourse was used by both partners for a sadomasochistic relationship. Quite fittingly the husband was or became impotent, and depending on who could display the greater amount of disgust, either the patient or her husband were the tormenting or the tormented partner. In analysis the patient fell in love with the analyst, but it was his wife who was occupying all her thoughts. Her impulsive wishes either of having intercourse with the analyst or of leaving him represented her way of making him analytically impotent. She could barely control her impulses to prow around and touch the books and furniture of the consulting-room. It came as a shock to this patient, flooded as she was by aggressive fantasies, when her husband contracted a severe and incurable disease. This of course meant for her the terrible realization of her aggressive wishes. Some time after this cruel reality had been worked through in analysis, the following happened. For external reasons the analyst had to tell the patient that her analysis with him would have to be terminated before long and the weekly sessions diminished in number. On the evening of that day, the patient drove past the analyst's house; and had a vivid hallucination that the analyst was lying in bed with his wife. When she came back to the clinic she stole the bunch of keys from the nurses' room and opened her analyst's consulting-room. She did not trouble to take any precautions and obviously wanted to be caught. She tried to read his notes on the writing-pads, because as she later said, she wanted to know the truth about herself. Unconsciously she wanted to know what she had really done. During this whole adventure she had a delusion: she saw the analyst's tomb with a grave-stone on which the date of this very day was engraved: the date of the analyst's death. For her unconscious fantasy her wishes were acts; and in her acting out behaviour she combined, like the delinquent from guilt feelings, revenge taken on the satiated parental couple and the need to know the final extent of her guilt, to have a real cause for her feelings of guilt and for the corresponding punishment.

The next analytical session brought a highly dramatized admission of what she had done. The patient expected to be severely punished. The analyst was, of course, aware of the patient's painful conflict, and by his understanding

attitude he was able to help the patient get some analytical insight into her behaviour. When she realized that he was neither dead nor castrated, her need for punishment could be analysed. The

relationship to her husband improved, and this led to a mitigation of her sense of guilt, so that her behaviour ceased to be dangerously self-destructive.

REFERENCES

FENICHEL, O. (1945). "Neurotic acting out." *Collected Papers*, 2nd series (London: Routledge).

FREUD, A. (1936). *The Ego and the Mechanisms of Defence*. (London: Hogarth, 1937).

FREUD, S. (1905). "Fragment of an analysis of a case of hysteria." *S.E.* 7.

— (1914). "Remembering, repeating and working-through." *S.E.* 12.

— (1931). *Civilization and its Discontents*. *S.E.*, 21.

GREENACRE, P. (1950). "General problems of acting out." *Psychoanal. Quart.*, 19.

GREENSON, R. (1966). "Comment on Dr Limen-tani's Paper: a reevaluation of acting out in relation to working through." *Int. J. Psycho-Anal.*, 47.

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CONTRIBUTION TO SYMPOSIUM ON ACTING OUT¹

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Acting out is a psychic phenomenon of a very complex nature, about which research workers are divided. The controversial points are connected with both the genesis of acting out and the field of conduct covered by the concept as well as with the existence or non-existence of some varieties of acting out.

We think that most analysts consider acting out as a process opposed to working through and insight. Why does working through fail and why is it that acting out is substituted for it? Different opinions exist on the genesis of acting out. For some authors acting out is due to the predominance of the death instinct expressed through envy, greed, and persecutory guilt, which provoke in the ego an insupportable tension. The ego cannot work through this tension mentally and looks for relief through immediate discharge using primitive mechanisms of defence such as denial, dissociation, projective identification, and omnipotence. This latter procedure can happen with the analyst (during the session) or with substitutes for the analyst through displacement (outside the session). By actualization we mean not only physical movement but speech too, whenever speech is used as a way of actualization and not of communication.

Following this line of thought, one of us made some observations in a recent paper on acting out in manic-depressive patients. The importance of mechanisms of denial and projective identification in the manic stage was stressed as a defence against envy of the idealized internal primary object, in an attempt to avoid insight into the deep oral envy and insupportable subjection to the idealized internal object. Manic activity constitutes then an acting out of feelings of envy towards the breast and other contents of the idealized mother. On the contrary, during the melancholic stage, acting out is essentially a defence against the overwhelming demands of the superego, because of the envious attacks on the idealized object. Thus there would be an acting out originating in the instinctive demands of the id, and another

acting out originating in the unbearable demands of the superego.

Other authors, on the contrary, emphasize not internal causes but the effect of the primary external objects on the individual. In this quite different concept, acting out is the consequence of projective identifications of the primary objects on to the child who in his turn acts to get rid of unbearable tensions caused by the parental objects. We think that this is one of the basic points for discussion since it outlines two different lines of thought. One of these considers as fundamental the subject himself, his inner world, and the difficulty of working through this inner world mentally owing to the predominance of the destructive impulses in the unconscious fantasies which leads him to discharge those fantasies. For the other line of thought, the genesis of acting out is to be found in the external world and in the pernicious action of the external primary objects on the individual, so that he has no other way out but discharge through actual behaviour. The problem therefore lies in elucidating, if possible, whether projective identifications originate in the child and whether the parents act as depositaries, assuming those projective identifications and acting through counteridentifications on to the child, or whether acting is exactly the opposite and the projective identifications originate in the parents and are assumed by the child as depositary who must expel them through acting out.

Grinberg takes an intermediate position in his paper. Although he points out the patient's impulses and fantasies he considers also that inner conflicts can be reinforced by the parents' attitudes, through incapacity to assume the child's projections as well as through having made him the object of their massive projective identifications.

These different lines of thought are reflected in the consideration of interplay of transference and countertransference in the analytic situation. Some authors maintain that all acting out is a consequence of the patient-analyst relationship. Grinberg maintains this point of view in his

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² In collaboration with Rodolfo Agorio, Mercedes F. de Garbarino, and Marta Lacava.

paper when he says that "acting out can be regarded as a process that always calls for two participants" and compares it to the attitude of a mother who is incapable of containing her child's anxiety (Bion). If we admit this, we must think that if the analyst behaves ideally without any neurotic countertransference reaction and without any projective counteridentification, the patient would not need to resort to acting out. The opposite position would be the one which finds the genesis of acting out in the patient himself, independent of the analyst, as necessary for the patient to get rid of his primitive separation anxiety. In this position the role of the analyst's countertransference is only to increase acting out, but is not its necessary cause. Those authors consider countertransference only as an alarm signal which gives an indication of the amount of the patient's acting. Finally, for other authors, countertransference does not play any part.

As for the extension of the concept, the term acting out has been used to indicate areas of mental phenomena that although coinciding on some points, have very different fields of extension. A first point to discuss is whether we reduce it to acting occurring during the analytic process or whether we consider as acting out too the behaviour independent of the analytic relationship, occurring in people who are not in analysis. This leads us to the problem of the differentiation between symptom and acting out, understanding by symptom a psychic phenomenon experienced as foreign to the ego, i.e. ego-dystonic, in contrast with acting out which is experienced as ego-syntonic.

Another point to discuss regarding the extension of the concept is whether we consider two kinds of acting out: one of a negative character and the other of a positive character. For instance some authors include in the concept of acting out the successful consequences of the analysis such as a bigger capacity for sexual gratification or an increase of activities and interests. In our opinion, if we reserve the name of acting out to the forgotten and repressed which instead of being worked through in the analysis is "evacuated" through acting, we cannot include in acting out what is the result of working through.

The area of psychic phenomena coming under the designation of acting out is so little delimited

that some authors include in it the somatic phenomena. The problem lies in whether we consider acting out as a phenomenon essentially allo-plastic or whether we include in it the auto-plastic actions too. Some authors call acting out those processes which originate somatizations and which Grinberg calls "equivalents of acting out." We think that this concept of "equivalents of acting out" could also be applied to those situations in which part of the mind is used as a container to evacuate into it fantasies experienced in another sector of the mind. For instance, one of our patients, while we were analysing her deep guilt feelings towards her mother, went through a serious crisis of anxiety during which she felt strong heart-beats and thought she was dying. She dreamt that same night that she was in the house of her childhood and her mother was sick. Her heart beat strongly and the patient thought her mother was dying. Instead of feeling a melancholic identification with the object she had destroyed she expelled it through a crisis of anxiety.

Regarding acting out occurring outside the analytic session, we think the although such acting interferes with the working through and insight, it constitutes nevertheless an attempt to protect the analytic relationship since it keeps the analyst's image as a symbol of the patient's archaic objects. In consequence, the analyst is kept in his function and the setting maintained. On the contrary, quite a different thing happens when acting out is realized directly with the analyst. In this case, we think, there is an attack on the analytic setting and therefore an attempt to displace the analyst from his function. It is an attempt to make the analyst adopt a given role (as may be noticed in the case of psychopathic patients) or an attempt to act with the analyst or the objects in the consulting room, as may happen in the case of psychotic patients.

Finally, I would like to refer to another important point concerning the concept of acting out. Some authors maintain that acting out is a way of communication; others, on the contrary, think it is only an expulsion with absolute absence of object relationship. The former think there is always an attempt at communication, although on very primitive levels of motor activity; the latter on the contrary, consider that acting out has only the function of discharging psychic tensions that the ego cannot support.

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A POINT OF VIEW ON ACTING OUT¹

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Menninger (1958) has described the history of nosologies as consisting of successive waves of differentiation, followed by contractions, and then by differentiation again. Similar alternation has been the case with the phenomenon of acting out. After an initial specific coinage and use, there followed a phase of diffuse expansion of our understanding and usage of the term, from which our challenge today, I believe, is to contract it again to a more narrow and precise form. Hopefully however, this should be on the basis of our increased refinement of theory and the continuous amassing of clinical experience.

While some authors limit acting out to actions designed to avoid memories or which take the place of remembering (Freud, 1905, 1914; H. Fenichel, 1956; Greenacre, 1966), others apply the term much more liberally and include almost all irrational, impulsive, or inappropriate actions, in life situations as well as in the analytic process, (see Abt and Weissman, 1965).

There is hardly a syndrome or clinical phenomenon which has been subjected to such widespread proliferation, resulting in a clinical potpourri with a lack of boundaries and absence of internal theoretical definition or consistency. From an original meaning limited to actions which defend against the therapeutic process there has been a progression to include

any action tending towards alloplastic rather than autoplasic modifications, or especially actions with an anti-social bias (Frosch, 1957),

or
a concept—so broad as to include every human impulsive act of whatever nature (Rexford, 1966b).

After one of the most rewarding recent symposia on this subject (Rexford, 1966a), Blos (1966) concluded by observing that the

expansion of the concept has reached a conceptual breaking point.

There is no doubt that clarification and a movement towards precision and semantic consensus are much overdue. A major service would be rendered by the present symposium if it would reverse this spiralling effect by which acting out has taken over a bulk of human psychopathology.

As a beginning in this direction, we need to establish the role of acting out within the larger realm of human *action* and to distinguish it particularly from neurotic action. It is the loose fusion with the latter which to my mind has been the main reason for the obfuscation of the term and the loss of meaningful definition. While I agree with Hartmann (1947) that a definitive and comprehensive psychoanalytic "theory of action" is a major lacuna still to be filled in to round out the full impact of psychoanalysis as a general psychology, I believe that much more has been written about the psychology, and psychopathology, of action than is apparent in the literature, because most of this has been subsumed under the literature of acting out. The bulk of the modern literature on acting out, including some of the most definitive papers on the subject, merge into clinical and theoretical contributions to the understanding of neurotic action as well as to the psychology and developmental history of action in general. This tacit spread of meaning, by common usage rather than by it being explicitly advocated, has, in my opinion, led not only to a reduction in the original usefulness of the specific concept of acting out but also to a delay in the achievement of a wider cohesive and unified psychoanalytic theory of action.

I suggest, as a basis for consensus, that order can be re-established by our returning to the original meaning of acting out as action undertaken by the patient to resist the movement of the therapeutic process. Such a view, I submit, would retain historical consistency as well as contribute clarity and theoretical usefulness. Starting with Freud's (1905) original description

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that Dora was acting out her recollections and fantasies instead of reproducing them in treatment, and continuing to Greenacre's (1966) very recent formulation, consonant with this, that acting out is a way of avoiding the recall of memories in verbal or visual imagery, I would underscore this enduring view of acting out as a mechanism which comes into play when the unfolding of insight elicits a resistant reaction on the part of the patient. In this vein, I would submit that, like resistance, acting out is a concept born of psychoanalysis and psychoanalytic understanding, and which owes the core of its meaning to the unique goals of the psychoanalytic process. The "out" from the beginning meant not "out" into the external world (this was already implicit in the "acting"), but "out" of the purview and influence of the analyst. This difference, although the two may appear but a shade apart, can serve as an important line of cleavage and a differentiating boundary between two separate but related mountains of material.

While thus recommending a narrower view than is currently in usage, a reconsideration of the core concept in the light of subsequent theoretical advances will also result in a widening of this central meaning of acting out. Rexford (1966b) points out that, while Freud's (1905) original limitation to the emergence of memories was occasioned by the then-current topographical point of view, Anna Freud (1936), Fenichel (1945), and others have since extended this original motivation, in keeping with the newer structural theory, to include resistance against the emergence of repressed instinctual impulses and their derivatives. I would go further and, in a view consistent with the original historical intentions, assert the function of extra-analytic actions in the avoiding and bypassing not only of the emergence of memories, but every other phase, both before and after it, which takes place during the relentless course of the entire psychoanalytic process. This includes acting out as a resistance against the initial establishment of the analytic situation, against the danger of the regressive pull, against emergent transferences and their painful affects, or, after the emergence of memories themselves, resistances against the phase of working through, or even against the termination phase of analysis. I have previously described (1954) a "tertiary gain" of symptoms, in which after many years a chronic symptom comes to be a part of the self or identity which plays its role in maintaining the

"integrity" of the patient. Acting out can be one of many other forms of resistance to the final enucleation of the symptom on this basis as well, because of the castrative or other danger represented by the lacuna which would then exist in the image of the now-symptomless self within the ego.

Acting out would thus be an individualized response of resistance, at any phase along the road of analysis, based upon anxiety occasioned by the efforts of the latter to achieve successful and *effective* insight by the undoing of previously repressed mental content. This view, I submit, would help clear away "the underbrush of an overgrown concept" of which Blos (1966) complained and provide the necessary clearing upon which clarity, consistency, and a usefully common language could be built.

With regard to the contiguous and wider psychology and psychopathology of *action*, suffice it to say for our purposes that action is one of the possible end-products of the multi-dimensioned and complex intrapsychic process. Such final action depends on the particular configuration of id, ego, and superego interaction in the living experience and internal-external continuum of that particular individual at that dynamic and economic moment of life. Just as I have previously, in studying friendships (1963), outlined a range of object relations in human behaviour, from primitive, narcissistically determined, volatile, and dominated by primary process on the one hand, to mature, object-related, autonomous, secondary-process-oriented and powered by neutralized energy on the other, this same spectrum applies to human action. Instinctual pressures, ego demands and superego restrictions all play their parts and determine varying combinations in the outcomes. In this, as in other aspects of human behaviour, resultant actions can occur at both extremes, from infantile, explosive, automatic, and internally motivated, to autonomous, controlled, and reality-oriented. The motivations and determinants are myriad and the outcomes, as are well known, traverse a wide spectrum from appropriate and adaptive to inappropriate and mal-adaptive behaviour. Of course both are related and one predisposes to the other. Action as an alternative to understanding, in treatment, is more likely to occur in those who are prone to action as an alternative to thinking, in life. And one gives a clue to the other. Just as analysis of resistances and transference in treatment tells us about the defences and the

distortions and displacements of life, so through the analysis of acting out behaviour in treatment, when it occurs, can we learn more about the patient's mechanisms of neurotic action in life.

This separation of acting out from action, particularly from neurotic action, needs then to be kept in mind whenever we apply ourselves to study the varying phenomena of abnormal action. This necessary basic distinction applies in life as well as in analytic patients, and in the latter both inside and outside the analysis. Regarding the view of acting out as occurring also in life situations, I would agree, in accordance with the view being laid down here, only to the extent that the nucleus of truth in these assertions lies in the fact that there are also situations in life which impose upon the individual the hope, and the challenge, of the undoing of repression. To the extent that such moments of potential insight share with those in analysis the same feeling of threat, a process akin to acting out can occur as occurs in the analytic process. Such situations are of course sporadic and transient in life as compared with the systematic and relentless goal of undoing previous repressions which exists within analysis. Acting out is thus a specific type of neurotic action, directed towards interrupting the process of achieving effective insight, thereby seen mostly in the course of psychoanalysis but also elsewhere.

The same problem and differences of opinions exist, and in my opinion the same differentiating principle obtains, with regard to other concepts which were born of analysis and then applied somewhat too liberally outside the analytic process. Thus, while defences occur in psychic life in general, resistances are the defences against insight which are specifically uncovered during the analytic process. Acting out is to extra-analytic defensive actions as resistances are to defences, or as analytic transference is to extra-analytic transference-like displacements. Transference, countertransference, resistance, etc., are all concepts which are similarly spoken of in diffuse fashion and with wide usage by some authors and considered to occur widely in all aspects of life, while to others these terms are used in a much more restricted and precise sense as relating to conditions of the analytic situation. I would in each instance hold, for clarity, to the more precise and localized usage. These more restricted meanings are approached in extra-analytic situations to the extent that the

latter correspond to or bear some identity to elements within the analytic process.

The same differentiation applies and is important to bear in mind with respect to actions which continue to be engaged in by the patient during analysis, both inside and outside the analytic situation. Not all actions, not even all neurotic actions, by a patient in analysis, are acting out. The range of actions described above, and the complex unconscious determinants of which they are the visible outcomes, continue to occur in the analytic patient as they did before the start of the analysis, although, to be sure, a major new psychodynamic ingredient has now been added. To the extent that the analysis "takes", and adds its own distinctive and idiosyncratic elements, the motivation for acting out can be superimposed on those which existed before. But this new constellation is not guaranteed nor does it apply automatically to all actions which continue with the onset of the analytic process. Even during the latter, as was the case before it, actions can continue to occur as before without the special meaning of acting out being added or superimposed. Nor are the intensity of the actions, or their degree of appropriateness, the criteria by which the latter is measured. Thus, continuing sexual promiscuity, or repeated aggressive outbursts extra-analytically, or any milder or even more dramatic overt acts can occur in the analytic patient with the same multiple neurotic and other meanings as before, without necessarily being an acting out.

But of course analysis mostly does add its own distinctive flavour, which, in lesser or greater time, usually gives such actions a new meaning and dimension. A married homosexual man, whose repeated compulsive homosexual acts had become a way of life although a severe threat to his very existence, continued these acts for a long time into his analysis. The analysis of these acts constituted a large part of the analysis of the patient's neurosis. When the analyst could finally say with confidence that they now constituted acting out, a great deal had been accomplished in the analysis and this motivation had superseded other and older ones. The hope of eliminating the symptomatic behaviour was now greater.

I must now forego discussion of further important and related theoretical issues in order to leave time for some clinical and technical observations which I wish to make.

Perhaps at this point one clinical example will serve best to illustrate some of the points I

have in mind. A patient who, together with his wife, had attended a fertility clinic regularly for the treatment of sterility for most of the seven or eight years of his marriage, without results, voiced nothing but hostility and complaints against his wife for the first year or so of his analytic treatment. Although a large percentage of his thoughts and associations revolved around his plans to leave her, he frequently "warned" me of her design to keep him via the route of becoming pregnant, and strongly suspected a sharp increase in her fertility potential to the point of making this possible. He nevertheless contributed his necessary part, engaging in sexual union without contraception, as had been their custom throughout, and was not in the least surprised but rather indignantly triumphant when he announced one day that, as he had predicted, his wife had become pregnant.

There followed a phase of the analysis, lasting several years, in which the central, fixed and recurrent theme was his vituperations and vitriolic criticisms and "I told you so's", directed sarcastically against me. This was almost obsessional in quality and was the fulcrum around which all other associations and activities revolved. His wife also had an analyst who had "permitted" her to become pregnant. He himself had had occasion to see another analyst early in the pregnancy during my brief absence, and he knew other analysts from various other sources and contacts. His ire was directed against the whole profession, "your whole Los Angeles Psychopathic Society". But there was never a threat to the continuation of the treatment, and behind his alternating accusations and periods of benevolent condescension there was evidence of the continued existence of a strong linkage and of underlying respect.

His actions during this period were interesting and turned out always to be instructive. When his wife refused to have an abortion, about which he was violent ("she had promised this, which is why he had agreed to the intercourse") he decided he would stay with her only through the pregnancy, "because she needed his support during that period and because he did not want her emotional upset at being deserted to affect the health of the baby". He would, however, not look at the baby and would leave them both on the day of delivery. This he told her many times and during many arguments and discussions. I must end the necessarily condensed report here by saying that now the patient is an

increasingly proud father and is still planning to leave.

What is most relevant to our theme, however, is the effects and sequelae of these events on the course and progress of the analysis. Even while he constantly and recurrently raved and ranted about these events, never letting the analyst forget "the fateful events of that spring" (the time of the impregnation), the reconstruction of a significant portion of his early life upon which this sequence was based went impressively and continuously forward. These events, the patient himself emphatically averred, were a repetition of a crucial period of his early life, occurring from age 6 to 8, when he had experienced a series of early traumata and betrayals felt by him to be in their totality "a crisis in confidence" (a phrase he kept using repeatedly to describe his present relationship to "you analysts"). Following a sinus operation, he was hospitalized again shortly afterwards, just before a summer vacation, and operated upon for congenital shortening of the Achilles tendons. He remained hospitalized with his legs in casts, first to the hips and then to the knees, for several months, sustained by hopes based on the promise that his legs would be stronger than ever when the casts were removed.

There then followed, piece by piece in the analysis, a long and minutely remembered account, reconstructed over a period of many months, of a series of setbacks and betrayals, of broken promises and shattered hopes, of itching under the casts, of looking out of the window and seeing boys playing ball and wanting to jump out of the window (whether to play with them or to destroy himself was never quite clear), and especially of the terrible day when the casts were removed and instead of his legs ("there were no legs") he saw "two spindly thin sticks with dead, dry skin peeling off them". He remembered and relived vividly his having to be carried out of the hospital by his mother, instead of walking out as had been promised, and later of crawling out of a car to the doctor's office. To this account was added a tribute to their good intentions, the nobility with which they acted, his compliance and good faith in going along with them, and his ultimate and continual shattering disappointments. Much of this was identical, point by point, with his long list of current complaints. I would also add the mixture, with these sad and overwhelming events, of indelible memories of his being his mother's favourite child, of seductive behaviour

by her while depreciating father, of being in bed with both of them and her turning, significantly he felt, towards him rather than father, and of his feeling sure that at times, when he was in bed with her, she stroked his thighs with erotic intent. It was hard to separate fact and fancy (fantasy) in him, but all these memories played a part in his present unique picture of helpless arrogance and of cocky failure.

Again, I cannot include any more detail here. I wish merely to make the point that in this case the "actions" during the analysis, which still go on, have played their part in bringing on the thoughts, the affects, and the memories which have carried this analysis forward.

This brings me to the last group of observations which I wish to make, that concerning the technical problems inherent in the concept of acting out. Here I would state that in many areas of controversy, uncertainty, or changing concepts, general principles become articulated and laid down verbally only after a number of years of being spoken about tentatively and informally, and eventually discovered to be shared experiences and common thought. This is now the case, I believe, with the subject of acting out. I have the impression that in recent years and in present-day psychoanalytic practice a more permissive and understanding view is taken of acting out, which has also been increasingly advocated by a number of recent writers.

I would now go further, and state that, within the limits necessary for the preservation of the psychoanalytic method itself, and for the protection of the basic and long-range interests of the patient², acting out should be looked upon as any other of the many plays which occur and which are utilized by the patient during the analytic process. Indeed, as we well know, the entire array of defensive manoeuvres, of which acting out is typical, are not tangential or secondary in the unfolding of relevant psychic events but are integral and necessary parts of the whole without which understanding of the latter would not be complete.

The persistence of a critical and even moralistic attitude towards this specific type of defence stems, it seems to me, from the persistence of an older technical manoeuvre which is a residue of an earlier historical period, i.e., the use by Freud (1915, 1919) and other early analysts of

the rule of abstinence. This accompanied the earlier theoretical period in which the aetiology of the neuroses was first considered to be due to pressure from circumscribed affects and the corresponding treatment was cathartic discharge. Subsequently, "the instinctual force impelling—towards recovery" (Freud, 1919) was emphasized, but still not the important ego factors, which were to be fully appreciated only later. During this period anything which could be made to sustain or increase the pressure, aid in its detection, and facilitate the therapeutic discharge was conceived of as therapeutically indicated.

The advance since then to structural theory, with the shift of the analytic position to one equidistant from the three interacting psychic structures, and equally interested in the defensive as in the now instinctual rather than affective arms of the intrapsychic conflict, was accompanied by a much lesser emphasis on the role of abstinence. Attitudes towards acting out, however, seem to have escaped this general theoretical and clinical sweep of development, and should now, I submit, be properly and explicitly included.³

Indeed, since acting out consists of unconscious elements, it seems odd that analysts should speak of forbidding it. Actions, of certain quality or magnitude, can be prohibited, but not acting out (and even in the former not their unconscious substructures). When acting out occurs and becomes known, it should be understood, analysed and interpreted as are all other psychic products, first in its defensive and resistant aspects, and then from the point of view of its concomitant instinctual gratification. I would not only agree with Greenacre (1966) that any other more authoritative role is useless and even makes matters worse, but feel that this would be contrary to and defeating of the purposes of the analytic work.

In addition to the defensive role which is so prominent in this particular clinical phenomenon I would have us keep in mind that, as in any other complex psychic end-product, there are present simultaneously other elements as well. One is the instinctual component involved, the simultaneous gratification of which is taking place while in another aspect the analysis is being avoided. But the other concomitant function, and a most important technical

² Although we cannot delineate those limits here, it is still important that they be kept in mind and not exceeded.

³ The basic meaning of the rule of abstinence, i.e., the lack of gratification on the part of the analyst, still

obtains and is central in the *neutral* stance of the analyst within the analytic situation. It is more the aspect of prohibition, as mistakenly derived from the rule of abstinence, to which I am referring.

component, is that this complex end action might be a means of communication, indeed the only means of contact and communication available to the patient at that particular dynamic moment. In fact, in my experience, the wish to be detected and to have the material drawn into the analysis is more common in the average instances of acting out than the reverse. Such actions are often not so much resistances against the transference, as they *are* the transference, the very forms of it which would be predictable in this particular patient. This is everyday clinical experience with the great variety of small-to-medium "acting outs" which come within our daily purview, and which are more common than the more extreme behaviour which is truly contrary to the aims of analysis, and which usually gives the phenomenon its name and flavour.

All relevant psychic content kept defensively outside the analysis is to be brought into it, through the hints and incomplete material brought *in* by the patient, and subordinated to the purpose of intellectual, emotional, and experiential insight. This includes thoughts and feelings as well as acts safely experienced first on the outside. We do not forbid "thinking-out" and "feeling-out", both of which I submit are equally common though hitherto un-named clinical entities. Just as thinking is trial action, so are all of these trial pieces of analysis. This is in agreement with Ekstein and Friedman (1957) who consider acting out a form of "experimental recollection".

Only such an "analytic attitude" towards actions will prevent an iatrogenic component from being added to the motivations for acting out, which causes them to play an even more undue role. Role-playing by the analyst stimulates actions by the patient. Counter-acting-out, like countertransference, promotes acting out, whether by an authoritarian or an excessively permissive deviation from the analytic position. Not only do such manipulative efforts make matters worse, as Greenacre (1966) observes, but it also puts the analyst in less of a position to deal with such actions analytically when they occur.

I would like to have us consider the possibility

of another untoward result which may be at least in part laid at the door of the anachronistic persistence of a moralistic attitude on the part of some analysts toward "acting" on the part of an analytic patient. The goal of normal life, and of psychoanalysis, is an optimum blend between thought, feeling, and action, suited of course to the particular constitution, life situation, and idiosyncratic development and character of the individual. I believe that an examination of clinical experience will show that the limitation of actions, imposed for good reason during the analytic process, is, in a certain number of cases, allowed to proceed to a generalized and more permanent inhibition of action which outlives the analysis and may go on to a long-lasting deleterious effect. I have seen a wrongly moralistic, anti-action attitude which creeps into some analyses fortify the patient's own phobic avoidance of action and lead in some cases to almost a paralysis of the latter and a taboo against even the necessary actions of life. Such analyses may hit a snag somewhere after mid-point where a marked indecisiveness eventuates at the necessity to convert long-standing insights into effective action. Deutsch (1966) has similarly remarked, in discussing the acting out of a patient with "fate neurosis", on the necessity to be equally alert to the patient's serious tendency to inhibition of action.

It is not superfluous, I believe, to emphasize the fact that the restriction of acting out, necessitated by the purposes of analysis, should not be allowed to be taken as prohibition against effective action by patients so inclined for internal reasons. My experience has been that where this pitfall has been successfully avoided, and acting treated as analytically as any other psychic product, the final phases of a moving analysis are usually accompanied by a spurt in vibrant, effective, and satisfying action which heretofore has been surrounded by neurotic and inhibitory intrapsychic forces within the patient. A persistent and alert "analytic attitude" towards action, including the resistance type of action known as acting out, will provide the optimum possibility for this to come about, while avoiding further difficult complications.

REFERENCES

- ABT, L. E. and WEISSMAN, S. L. (1965). *Acting Out*. (New York and London: Grune & Stratton).
BLOS, P. (1966). "The concept of acting out in

to relation the adolescent process." In: *A Developmental Approach to Problems of Acting Out*. ed. Rexford (1966a).

- DEUTSCH, H. (1966). Discussion of paper by Greenacre. In: *A Developmental Approach to Problems of Acting Out*. ed. Rexford. (1966a).
- EKSTEIN, R. and FRIEDMAN, S. W. (1957). "Acting out, play action, and acting." *J. Amer. Psychoanal. Assoc.*, 5.
- FENICHEL, H. (1956). "Acting out, repeating, and remembering." Reported by Kanzer (1957).
- FENICHEL, O. (1945). *The Psychoanalytic Theory of Neurosis*. (New York: Norton).
- FREUD, A. (1936). *The Ego and the Mechanisms of Defense*. (New York: Int. Univ. Press).
- FREUD, S. (1905). "Fragment of an analysis of a case of hysteria." *S.E.*, 7.
- (1914). "Remembering, repeating and working-through." *S.E.*, 12.
- (1915). "Observations on transference-love." *S.E.*, 12.
- (1919). "Lines of advance in psychoanalytic therapy." *S.E.*, 17.
- FROSC, J. (1957). Chairman's Remarks in Panel (Kanzer, 1957).
- GREENACRE, P. (1966). "Problems of acting out in the transference relationship." In: *A Developmental Approach to Problems of Acting Out*. ed. Rexford (1966a).
- HARTMANN, H. (1947). "On rational and irrational action." In: *Essays on Ego Psychology*. (New York: Int. Univ. Press, 1964).
- KANZER, M. (1957). Report of Panel on "Acting out and its relation to impulse disorders". *J. Amer. Psychoanal. Assoc.*, 5.
- MENNINGER, K. et al., (1958). "The unitary concept of mental illness." *Bull. Menninger Clin.*, 22.
- RANGELL, L. (1954). "A tertiary gain of symptoms." (Unpublished).
- (1963). "On friendship." *J. Amer. Psychoanal. Assoc.*, 11.
- REXFORD, E. N. (1966a), ed. *A Developmental Approach to Problems of Acting Out: A Symposium*. (Int. Univ. Press).
- (1966b). "A survey of the literature." In: *A Developmental Approach to Problems of Acting Out*. ed. Rexford (1966a).

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CONTRIBUTION TO THE SYMPOSIUM ON ACTING OUT¹

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At this stage of the discussion, after hearing the introduction to the theme presented by Anna Freud, and the accounts of the discussions which have taken place in the various language groups, I prefer to limit my contribution to one point only: the study of what child psychoanalysis can contribute to the subject of this Congress.

We have been reminded by Anna Freud how in 1914 Freud showed that the patients sometimes repeated instead of remembering, when in resistance. At the end of his life, in his *Outline of Psychoanalysis* (1940) he distinguished acting out from the compulsion to repeat, which is one of the causes of the transference:

We think it most undesirable if the patient acts outside the transference instead of remembering.

I believe that, using these definitions supplied by Freud, child psychoanalysis may enlighten our knowledge, for children act, during psychoanalysis. Therefore it is essential—this seems to be the general opinion—to distinguish acting from acting out, both in transference and resistance, in the metapsychological field.

I will, therefore, suggest a few ideas: (i) in the technical field and its theory, (ii) in the metapsychological field, which will probably help our understanding of certain clinical problems in the psychopathology of the child.

Acting out during child psychoanalysis

It is a fact that children, in all stages up to adolescence, play during psychoanalysis. First, Hug von Hellmuth, then Melanie Klein (1932) recommended the use and interpretation of these games:

If we are not to lose sight of the urgent nature of the analytical material, we must probe right down into the deep psychological stratum, both of the games and phantasies, as well as the distress and guilt which is inseparable from their content.

Now these games may precisely be the expression of acting out, signify something different from the elaboration of fantasies, and become a form of resistance (as Anna Freud pointed out many years ago).

This distinction between fantasies which sometimes express themselves through games, and acting out, may be difficult. No doubt a child who comes to play in his psychoanalyst's room may distinguish, like an adult patient, what happens in each session: (i) the fantasy content of the games expressed in a primitive way, and elaborated by interpretation according to secondary processes after elucidation of the inner world which is linked with them, and (ii) the beginning and the end of the sessions when the reality of the outer world surpasses the inner reality of emotional conflicts which are eventually reprojected into the transference experience.

But what can one say of an aggressive child who breaks the toys which are given to him, or even attacks the psychoanalyst? One may speak of (i) active transference; or (ii) a manifestation of resistance due to fear of aggressivity to the extent that the latter has become defused from the narrow links with the early fixed libidinal positions; or (iii) defensive positions of the ego, for example, according to the mechanism of identification with the aggressor.

The conduct may also be true acting out, when subtle countertransference positions play a part which is probably important. This is what seems to me to occur when the psychoanalyst tends to emphasize fear and guilt, as recommended by Klein, by bringing out the fear of castration, which is part of the oedipal relationship.

But what seems to be implied here is the type of impossibility which is a form of narcissistic wound. In this respect, I strongly doubt interpretations such as, "you are afraid", which means, in the case of a child, "you don't dare" and which leads to acting out

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

without full elaboration of the impulses. One must simply conclude that at this age, he suffers from the impossibility, at present, of satisfying his desire.

I am quite aware, that in recommending this I am introducing a technical variation, assuming directly the superego with its ego-ideal component, and I am introducing restrictions, but the child psychoanalyst must consider that he is an adult faced with a still impotent child, in order to lead the latter to the constructive possibilities of secondary elaboration.

It is therefore necessary and probably possible, to propose a few theories which enable one to distinguish play and acting out, using technical considerations to do so.

My first reference is that of the reel game, illustrated by Freud, in *Beyond the Pleasure Principle* (1920). This child, aged 18 months, had learned to make the reel appear and disappear without his mother's help. No longer needing her, he showed that he had reached the stage of differentiated object relationship, and that he was capable of imagining her when she was away. This "game", since this behaviour now bears that name, shows that the child has reached this stage, but also has a structuring effect. It is no longer simple repetition or acting out, but a *symbolic* procedure to master the painful aspects of the relationship with the introjected object, when becoming *identified with it*. (Lebovici and Diatkine, 1964.)

I also propose to use here the term "splitting", as defined by Klein, as a procedure, by which, in its game, a child projects onto its whole environment the painful, and therefore bad, object relationships. The animate or inanimate object thus becomes a support for projections linked to tensions due to internal conflicts and becomes *bad*. This consideration emphasizes how acting out is related to projection. I use this term in its psychoanalytical sense, i.e., projection of what has been introjected during the first identificatory process. Acting out may then express itself in fantasies and in games. Klein quite rightly states that, "play transforms the child's anxiety into pleasure." Although these theories enable one to grasp the relationship between acting out and play, they also enable us to understand that play is not curative. There is a risk that it will permit only a symbolic mastery of conflicts in a hedonic way.

In order to pass on to the practical applications in psychoanalysis, it is now necessary to intro-

duce the third factor of the triad in the title of Freud's article, "Remembering, Repeating and Working Through" (1914), in which the idea of acting out was first suggested. After remembering, which is closely linked with repetition, it is necessary to introduce elaboration by interpretation (working through). A very simple example will show what I mean here. This was the case of a very difficult little girl undergoing an analysis. The self-punishing aspect of her behaviour was explained to her. From among the toy objects available to her she then chose a sheep and a lamb, which she placed on the table next to me. This response seemed to mean "I quite understand that you are a patient mother and I would like to be with you like this lamb is with its mother." The analyst can then give a more detailed explanation, "you wanted to see whether in spite of your naughtiness, I could be patient, as you would have liked your mother to be even when you know you are being naughty." Projection upon the analyst by the "splitting" mechanism may be corrected under these conditions by an interpretation which proves the benevolence of the analyst, puts the behaviour into perspective, and elaborates the repeated tendency to acting out.

This elementary example seems to me to be evidence of the necessity of interpretation, which may have an elaborating and thus changing character if it occurs in time. In the present case it is the result of an already relatively complex phase of the game. Its technique is, thus, very different from that recommended by Klein, according to which it is best first to attempt to understand the contents of the game, i.e., the unconscious fantasies, in order later to study the ego, which, in Klein's opinion, reinforces the effects of transference and diminishes anxiety.

My feeling is that, on the contrary, it is necessary to encourage and respect secondary elaboration, which expresses itself through the game. Inhibition during play is thus not always a pathological symptom. Furthermore, it is known that certain psychotic children are quite uninhibited and capable of playing in all circumstances without taking into consideration limitations of space or time. This also means that one cannot recommend the use of playrooms which encourage expression by play as recommended in "play therapy". Play can only flourish in a well-controlled transference situation. Thus, elaboration may eventually occur as a result of acting out and the inward expression of this

behaviour just as fantasies occur during the psychoanalysis of the adult.

These theoretical considerations are of metapsychological importance, as may be noted in clinical psychopathology.

Using technical arguments, I have up to now attempted to justify the theory according to which one may note, during the psychoanalysis of a child, the development of new behaviour, and of acting out in games and fantasies, the interpretation of which, when given at the appropriate time, enables working through. In *The Interpretation of Dreams*, Freud compared acting out to a motor discharge:

The unconscious wishful impulses clearly try to make themselves effective in day-time as well, and the fact of transference, as well [as the psychoses] show us they endeavour to force their way by way of the preconscious system into consciousness and to obtain control of the power of movement (Freud, 1900).

Now many of the growing difficulties of children express themselves through their behaviour without precise symptoms. In the earliest stages of development, at the time when mental functioning passes from the pleasure principle to the perception of reality, secondary elaboration is the mechanism by which pleasure is postponed; the motor discharge is then replaced by a hallucination of pleasure; and the act is replaced by a thought.

Behaviour disorders may be conceived as acting which precedes "acting out" as defined in psychoanalysis. It is inhibition of secondary elaboration which leads to the development of motor discharges.

This metapsychological conception, which is, moreover, held by the psychosomatic physicians of the Paris School (Marty *et al.*, 1964; Fain *et al.*, 1966) seems to us applicable, using the term behaviour neurosis, to what is called in France and Germany psychopathic behaviour in children. Friedlander and Bowlby, in their study of this type of character, noted a structural factor, the acting, and an aetiological factor, the maternal deprivation. The object is here of no importance, for it has not been consistent and has not given the child the necessary narcissic support. Introjection of the mother is then insufficient to form a valid basis for early identification, from which secondary processes

and fantasies develop. Counter-cathexis does not develop; hence the ego is submerged and cannot become constructed.

These considerations may be expanded in those cases, the most common, where behaviour disorders and neurotic symptoms occur together. Freud tells us, in his study of Little Hans (1909) that nine children out of ten considered as nervous in fact have some sort of phobia. One may wonder whether their behaviour difficulties are not partly the result of counterphobic mechanisms. In this respect, what has been called identification with the aggressor would be an example. At the time, phobia may permit acting out to become structured and elaborated according to the mechanism by which the latter is considered as a projection or displacement upon the phobogenic object. Little Hans, using the horse phobia, and the Wolf Man, using the wolf phobia, protect their father against their aggressiveness, which is organized in their superego. Their father, behind the horse or wolf, enables the negative oedipal impulses to be discharged under suitable conditions. Thus, the phobia appears as a fantasy elaboration, or a mentalization of the tendency to action, favoured by aggressive projections, which may be explained by the fundamental ambivalence of each child.

Finally, acting out is in the metapsychological field, a bridge between simple going into action, and fantasy elaboration. This is demonstrated by the following example. A boy, aged 10, declared to his psychoanalyst, "It is not because I was with Yvonne that I became excited". Taking into consideration the significance of the French word "excite", which in the case of adults, suggests sexual desire, one may understand: (i) that the child is building counter-cathexis before his impulses and desires, using denial. Briefly, he is saying, "Don't imagine that I was excited being with Yvonne." (ii) This counter-cathexis did not succeed in avoiding acting as manifested by excitation. In this child there was, therefore, a motor discharge and boistrousness, and this is the explanation for which he wishes to make a point. The psychoanalyst may interpret this behaviour as a form of acting out, for it includes reference to a certain form of behaviour and also denial. Thus, acting out seems, in this example, to be relatively specific. It is, first of all, a form of defence against his impulses, and, secondly, an insufficiently elaborated defence, for it does not lead to the production of fantasies, and, thirdly, a

situation which justifies this interpretation, for it implies an elementary organization of the ego.

Conclusion

My contribution to the discussion on acting out is based on technical and metapsychological considerations which result from the application of psychoanalysis to young children. Acting out is described as a result of this experience, where it reveals itself specifically as an elaboration of behaviour which, technically, should lead to

interpretative elaboration and which has special metapsychological characteristics, i.e., that of primitive forms of the ego when the secondary processes start to appear.

It is possible that this discussion may shed new light on what happens when acting out is encountered in the psychoanalysis of adults. Although it is often harmful, or, at any rate, regrettable for the normal progress of treatment, it is often interpretable, which enables one to overcome the pressure of repetition and to help the remembering.

REFERENCES

- FAIN, M. *et al.* (1966). La clinique psychosomatique de l'enfant. *Psychiatr. Enfant*, 9.
- FREUD, A. (1937). *The Ego and the Mechanisms of Defence*. (London: Hogarth.)
- FREUD, S. (1900). *The Interpretation of Dreams*. S.E., 5.
- (1909). "Analysis of a phobia in a five year old boy." S.E., 10.
- (1914). "Remembering, repeating and working through." S.E., 12.
- FREUD, S. (1920). *Beyond the Pleasure Principle*. S.E., 18.
- (1940). *Outline of Psycho-Analysis*. S.E., 23.
- KLEIN, M. (1932). *The Psychoanalysis of Children*. (London: Hogarth.)
- LEBOVICI, S. and DIATKINE, R. (1964). Fondements et signification du jeu chez l'enfant. *Psychiatr. Enfant*, 5.
- MARTY, P. *et al.* (1964). *La clinique psychosomatique*. (Paris: Presses Univ.)

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CONTRIBUTION TO SYMPOSIUM ON ACTING OUT¹

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Quite frequently acting out is used as a general designation for action which has the effect of easing the tension created by unsolved unconscious conflict. Fenichel (1945), for instance, speaks of "acting out inside of analysis" and "acting out outside of analysis". Greenacre (1950), following Fenichel, does the same. This use of the term implies that many forms of psychopathy, addiction, action prompted by unconscious need for atonement, and all manner of inexpedient repetitive patterns of behaviour are included within the concept of acting out, whether they originate in an analytical situation or not. From a formal point of view this is logical, if the delineation of the concept is based solely on the characteristics mentioned above.

However, it may be debated whether it is practical to give such a wide scope to the concept of acting out. By doing so, our zest to generalize is satisfied, to be sure, but the precision of meaning and the usefulness of the term are correspondingly reduced.

When Freud (1914) introduced the concept of acting out he ascribed to it a much narrower and more specific content. This original conception he maintained in his later years, as can be seen in the *Outline* (1940). He characterized acting out exclusively in connexion with the analytical situation, as a complication of and contrast to remembering. The patient does not remember, he acts, Freud says, thus determining the meaning of acting out on the basis of remembering. Remembering, recall, here stand for all the factors in the service of the secondary process responsible for therapeutic effect. So the concept of acting out was created as a special alternative to the therapeutic process, a particular form of resistance against intra-psychic activity in the therapeutic situation.

The alternative to what Fenichel calls "acting out outside of analysis" is flexible, reality-adjusted behaviour. The alternative to "acting out inside of analysis" is a particular kind of intra-psychic activity. Accordingly, there is

reason on purely phenomenological grounds to maintain Freud's definition of acting out as a concept pertaining specifically to the analytical process.

However, there are additional reasons for preserving the narrow limitation of the concept. Action relieving tension from unconscious conflict in a person undergoing analysis is not always prompted by the psychoanalytical situation. Conflict-stimulating events happen in the life of an analysand without being primarily connected with the analytical procedure. And an analytical situation which could be held responsible may not have developed at all. It is important to distinguish between actions originating *within* the analytical process and those originating *outside* it, and it is expedient to be able to give terminological expression to this distinction. This is again, in my opinion, an argument for reserving the term acting out for use solely in the context of the psychoanalytical process, thus following a principle parallel to that which reserves the words transference and countertransference for technical use only.

Consequently, marriage, divorce, amorous affairs, fighting, drinking, discontinuation of treatment, and so forth, I should call acting out if they are meant to provide relief of tension created by the analytical situation. If, however, such events happen without a primary relation to the psychoanalytical process, I should not speak of acting out. Rather I would use the term impulsive actions. Persons with whom such actions form a pattern dominating their lives, I should call impulse-ridden personalities or psychopaths.

Accordingly, acting out may be characterized as action serving to reduce tension created by unsolved unconscious conflict which has been stimulated by the analytical situation.

The state of tension that leads to acting out may be due to different elements of the unconscious conflict. Firstly, it may be the direct effect of dammed-up drive. In that case the

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

resulting acting out is a displaced breaking through of the original sexual and aggressive impulses. Secondly, tension may be caused by affect which has been called forth as a defence against the original impulse. Feelings inherent in a state of submission, for instance, may be a defence against primary aggressive and sexual impulses and be acted out in masochistic provocation. Thirdly, anxiety may be the direct source of flight or evasion. Various states of affect leading to acting out may also be evoked as defences against anxiety. Finally, acting out may be the outcome of tension in a secondary conflict created by a defensive element of the primary conflict. For instance the defensively submissive patient may again react with defensive aggression against his own submission. Acting out of such secondary aggressiveness is common, of course. So acting out may originate from all elements of the unconscious conflict.

There is an important phenomenon, showing certain similarities to acting out and therefore often included in the concept, which, however, ought to be kept apart from it. It could be called the therapeutic phenomenon of trial and error. What I have in mind is the following: at an advanced stage of a successful analysis, when defences have been modified and bound energy released, new aggressive and sexual impulses make their demanding appearance in the patient; his action and reaction potential has been changed and widened. In trying these new potentials a number of patients may over a period of time make mistakes, making trouble for others or for themselves. They have to learn from experience before acquiring a better level of integration, and what they do is an expression of trial and error as part of the therapeutic process. However, these attempts often bear the stamp of the patient's original pathogenic conflicts. To a certain extent they may resemble acting out.

Nevertheless, there are big differences. Acting out leads to tension-reduction, short-circuit fashion, leaving conflict untouched and unchanged, and thus functioning as resistance. Trial and error, on the other hand, as dealt with here, is conditioned by therapeutic alteration of conflict, dynamically and economically. Consequently, the roles played by the two phenomena during analysis are quite different.

This is exemplified in a patient, treated analytically for several years, who exhibited acting out as well as trial and error. While her solid anti-aggressive defences were being worked

on, a typical transference neurosis developed, and she started an intense and long lasting masochistic acting out in the transference. Long, tense periods of silence occurred; she complained bitterly about her painful condition, attacked me aggressively for failing to help her, and nursed a grievance against me for increasing her suffering instead of giving her relief. It was obvious that her relationship to her parents, loaded with conflict, had been reactivated in the transference. It was equally clear that any attempt to give her constructive insight into this would be in vain for long periods of time. She was carried away by her indignation, her grievance, and her reproaches against me, and she was inaccessible to reason and interpretation.

However, as may happen in such cases, provided one is quietly able to sustain the considerable pressure to which one is subjected by the patient, it became possible, little by little, to overcome her acting out and get on with the analysis. Later, when considerable improvement and changes of personality had occurred, a period of typical trial and error appeared. She now asserted herself aggressively in her daily surroundings in a way to which she would previously have taken exception. One might be led to regard this aggressiveness as an instance of acting out; at times it was certainly unbalanced and exaggerated, and it was possible to trace the patient's original conflicts in her actions. However, she was no longer masochistic, and it was evident that great changes had taken place; she was now trying out her aggressiveness which had been liberated and turned outward. It is not strange that she was unable to use and control this newly-won aggressiveness in a well-integrated manner right away. She had to feel her way, and for a while some of the persons around her became the victims of her experimental activity. This situation was entirely different from the earlier one when her analysis was blocked by her masochistic acting out. My attitude was likewise different in the two situations. I did what I could to make her give up her acting out, but as far as possible I refrained from interference with her trial and error aggressiveness. Eventually she learned to control it herself.

Such actions of trial and error are often rich in affect. Therefore, it probably ought to be stressed that their role in the therapeutic process has nothing to do with the naïve ideas about purgatorial catharsis which still pop up here and

there outside analytical psychiatry. Besides, it is usually in acting out that adherents of catharsis invest their therapeutic expectations.

Freud (1914) advised us not to forget "that it is in fact only through his own experience and mishaps that a person learns sense". This cannot possibly refer to acting out which can surely produce mishaps but does not teach sense; but refers rather to trial and error in therapy. In contrast to acting out, trial and error should not only be tolerated, but be regarded as necessary and useful events in the service of treatment. As far as it is compatible with the interest of the patient, and with reasonable consideration for other people, he should be left to work out experiences himself, undisturbed by the analyst. When, nevertheless, it is necessary to interfere, such a patient is usually much more amenable to tempering influence than the patient who is acting out. Most often the preferred way is to caution the patient as to the consequences of his actions. Interpretation, be it ever so correct, may be disturbing, because the analyst's method of interpretation means questioning the relation to reality of the patient's actions and making him see them at a certain remove. On the other hand, in the trial and error phases of treatment the patient needs the feeling that he is closely tackling reality and trying it out for himself. In this respect, typical instances of trial and error and working through are significantly different; with the latter the main tool is of course interpretation.

The above applies, too, to changes in the patient's behaviour towards the analyst in word or deed. As is well known, small gifts, courtesies or other attempts at establishing a personal relation with the analyst must as a rule be regarded as ways of acting out which have to be frustrated and interpreted. However, a time may come when one is dealing with trial and error, usefully serving the development of the patient. When this is the case the analyst should think twice before applying an interpretation which, be it given ever so tactfully, is bound to have the effect of rejection and of the establishment of emotional distance. In quite a few cases simple acceptance or, if the patient's move has to be rejected, a directly personal way of doing it may be preferable.

Superficially the secondary gain of the neurotic patient might seem to share essential features with acting out. The emotional gratification which through his symptoms and character traits the neurotic patient tries to obtain from the

persons in his environment, preferably those to whom he is most closely attached, including the therapist, does indeed provide a partial discharge of tension originating from unconscious conflict. However, to the patient these strivings for satisfaction are unconscious, though not deeply repressed. The anxiety neurotic is not aware that through his appeal for help, pity, solicitude, and so forth he extorts from his surroundings vast amounts of libidinal gratification. Likewise the compulsion neurotic knows nothing of the enormous aggressive outlet he secures for himself by making his relatives comply with the demands of his symptoms and character patterns. However, libidinal or aggressive discharges serving as channels for acting out are conscious. This difference between the two phenomena shows itself in the fact that neurotic persons whose relations to other people are permeated by skilfully handled appeal and demand for secondary gains are less likely to exhibit acting out.

Borderline patients of the schizophrenia-like type exhibit phenomena that may be mistaken for acting out. Even when these patients are not psychotic in a clinical sense they occasionally involve themselves in actions which are harmful to them. As a rule these actions prove to be impulsive attempts to obtain satisfactions which the patient misses and feels deprived of otherwise; or he tries to avoid such temptation. Events of this kind may be provoked by the relationship with the therapist.

However, the difference between this and acting out is clear. In typical cases the borderline patient tries to obtain satisfaction of conscious impulses. Furthermore, the conflicts to which these impulses belong are conscious or may be made conscious simply by pointing them out, and this is not met with resistance, as it would be in a neurotic patient or a psychopath. If there is displacement to another object, this is usually conscious. Consequently, with the borderline patient one ought to use the term *breaking through of impulses* rather than acting out. Frequently such breaking through is far easier to manage than acting out.

Finally a few remarks about the handling of acting out. With all patients we have to take a certain tendency to act out into account. That is why we advise against important changes in the life situation of the patient during treatment. These common acting out tendencies are usually benign as is shown by the simple fact that most patients are able to take our advice. I shall not

deal here with the particular problems raised by the long duration of many analyses of today.

Some patients act out occasionally, but when made aware of it are able to check themselves. Then there are patients who develop consistent patterns of acting out as regular components of their resistance. Pointing this out or attempts at interpretation are ineffective. However, when they are put under direct pressure to stop the acting they are able to do it, and analysis becomes possible. It may be necessary to make it clear to them that either the acting out or the analysis will have to be given up. Faced with this alternative, they employ their basically rather well-integrated egos *against* their acting out tendencies and *for* analysis. The neurotically sado-masochistic patient belongs to this group. The acting out of these patients inside and outside the transference is always difficult to handle. Nevertheless, in a number of cases it can be overcome, though it will influence the analysis as a whole and prolong it. However, when acting out is a dominating pattern with a patient, it is a serious complication, always hampering analysis and frequently making it impossible.

Acting out cannot be utilized fruitfully as a target of analysis, as can many other forms of resistance. Indeed, the structure of a patient's condition may be revealed with striking clarity by his acting out, with regard to dynamics as well as to content; but only to the therapist is this enlightening, not to the patient. Examples are well known. To cite one case from my experience: during the analysis of a male patient in his middle thirties the following events took place within a few days: firstly, he had periods of silence and tension; secondly, one day, after having been silent for a while, he suddenly jumped up from the couch, took up a threatening position, hovering over me with a furious expression on his face, and a big bunch of keys in his raised hand. He then threw the keys on the floor and broke down, sobbing on my shoulder. Thirdly, he dreamt that he was sitting on the edge of the couch, naked, and bleeding like a woman, asking me: "How long is this going to last?" Fourthly, he went to a prostitute and had her put him across her knees and give him a spanking.

Essentially the crucial pathogenic conflicts of this patient in their transference manifestation found expression in this acting out material. However, in spite of its transparency, it was without therapeutic value. While he was acting

out, or right after the event, all attempts at interpretation were drowned in his states of violent affect: his rage, his anxiety, and his feelings of humiliation, guilt, and shame. During quieter periods in between he would push this material aside, and he turned a deaf ear whenever I tried to discuss it with him. It was the same with all other acting out episodes or with impulsive actions that did not originate from the therapeutic situation.

Analysis is useless in cases of this kind. In the case mentioned a certain result was gained after long treatment, but only due to the fact that I gave up analysis proper, stopped trying to give him insight in an analytical sense, and assumed a pedagogical approach instead.

Theoretically the different roles played by acting out in various groups of patients can be seen as expressions of differences in the ability of their egos to handle anxiety and the drives—differences in ego strength, a term not exclusively to be coupled with the type of ego weakness seen in borderline patients. Strength in this connexion indicates the ego's capacity to withstand psychic tension without resorting for relief to action, a capacity which is part of that usually referred to as the ego's control of motility. In some of the types of patients mentioned above this capacity can be activated and strengthened, thus eventually providing a basis for analytical therapy. In other patients, like the one described, it is not possible. Such patients cannot be made fit for analysis, I believe. In particular I have little confidence in interpretation as a method for strengthening their ego. Interpretation cannot possibly be expected to be a good instrument for the amelioration of an ego which cannot endure tension and is therefore unable to use interpretation. This would be the same as asking interpretation to provide the necessary preconditions for its own effect. From my experience, it cannot be done. Only relatively strong egos can be further strengthened through interpretation.

I should like to add that I do not believe that even those patients who are analysable in spite of some measure of acting out give up acting out as a consequence of the interpretations that are given to them. I mean they do not stop their acting primarily because of having understood that their actions are expressions of unconscious conflicts. It is rather that by being made aware of the consequences of their actions and by being submitted to pressure by the analyst they are stimulated to control themselves. When this has happened, analysis eventually becomes possible.

One should bear in mind that the explicit meaning of an interpretation is not its only effective agent nor necessarily the most important one. Any interpretation implies that the action concerned is unrealistic and undesirable. And this aspect of the interpretation, tacit though it may be, is the one that may primarily influence the patient to check himself. This is, I believe, overlooked by some analysts who claim that it is the content of their interpretations which makes their patients overcome acting out.

In this paper I have endeavoured to distinguish

between categories as clearly as possible—between acting out on the one hand and tension-reducing actions in general on the other; between acting out and trial and error; between trial and error and working through; between an analytical approach and a pedagogical one, and so forth. I have omitted explicit reservations concerning transitional forms or the difficulty of classifying single cases. It goes without saying that any concept formation or classification of phenomena within psychiatry has to be based on the description of examples which are typical and extreme.

REFERENCES

FENICHEL, O. (1945). "Neurotic acting out." In: *Collected Papers*, 2nd series (London: Routledge.)

FREUD, S. (1914). "Remembering, repeating and working through." *S.E.* 12.

FREUD, S. (1940). *Outline of Psycho-Analysis*, *S.E.* 23.

GREENACRE, P. (1950). "General problems of acting out." *Psychoanal. Quart.*, 19.

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THE PSYCHOANALYTIC PROCESS, TRANSFERENCE, AND ACTING OUT¹

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Miss Freud opened this panel discussion of acting out by stressing especially the use of the term itself. Considering it one of those technical terms which has lost meaning through the over-expansion of its application, she proposed to limit its usage along with that of other terms such as "transference" and "trauma" to phenomena within the psychoanalytic situation, in this way hoping to increase the precision of its definition. She gave a concise account of the birth, growth, and changing forms of certain analytic concepts according to what fits and is accurate for the needs of the expanding findings of clinical work itself. This forms an interesting and stimulating background for my topic, i.e. the impingement of acting out on the psychoanalytic process through the medium of the transference relationship.

In this paper, I am in fact less concerned with the definition of the term itself than I am with trying to understand the dynamics and effect of the substitution of action for verbal communication in its impact on the psychoanalytic process. I may have paid too little attention to the precision of definition because I find it difficult so completely to separate the dynamics of events within the confines of the analytic situation from their reciprocal relationship with both current and earlier events of the patient's life. This paper has become focussed especially on the nature of the psychoanalytic process. Since the concept of the psychoanalytic process emerged gradually, its literature is not very compact, being scattered through papers on theory, technique, and clinical findings. This is probably due to the fact that the theory of analysis was based first of all on therapeutic aims and clinical discoveries, followed by a period of promoting the interdependent roles of technique and theory, while technique has also given the tools for clinical investigation (Hartmann, 1951).

In his paper on the vicissitudes of insight (more often referred to as the "Good Analytic

Hour" paper), Kris (1956) describes psychoanalytic therapy as having the property of a process "with the motion of progressive development over time in a definite direction." He is chiefly concerned with the integrative forces at work in the patient and the change in alignment which begins to be felt when an interpretation—not necessarily in the setting of immediate evidence of positive transference—"hits home"; and both analyst and patient are aware of a beginning change in the analysand. Kris believed that libidinal and aggressive energy was now at the disposal of the patient for freer re-investment. He made it clear that this "good hour" announcing a change, is part of a process, the result of other hours which have gradually led up to it, and that the liberation of energy does not ideally come so much from compliance to the analyst as to the meaning and structure of other elements as well, in the therapeutic process. It is this fabric of the ongoing analytic process including reaction to the analyst as well as the explicit content of the interpretation, with which this paper is largely concerned.

In considering the analytic process we think not only of the realignments of force which occur, but also of the elements which set these in motion. Here it is difficult to deal with process entirely separate from procedures. Kris described these stimuli as coming from interpretations given at "the right time" after a period of preparatory work in the preconscious of the patient. This generally consists of some moderately dim mulling over of what one might call "preliminary interpretations in a low key". These may include delineation of defence reactions and of patterns of overt behaviour which have been discerned from the patient's accounts of himself. Such material builds up until it includes far-reaching interrelated references to current situations, events of the recent and remote past, representations in dreams and sometimes references to the analyst. Kris saw

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

the good analytic hour as comprising these elements which had at first appeared in a murky conglomeration but gradually took shape in a fairly consistent picture of which the central issues are illuminated by the analyst's final interpretation. These issues may not be immediately clear to the patient, but if important sensitive areas have been touched in this synthesizing way, he continues to work them over both in a silent preconscious process and in subsequent working through in analytic sessions. Often the "good analytic hour" really extends over several hours either in succession or with intervals between them. In any case it is led up to and followed by a preconscious pondering by the analysand.

Kris considered that the preliminary work of the analysis had loosened countercaethetic energy and energy attached to repressed material; and that some of this was now available to participate in the integrative functions of the ego, promoting reorganization, and that this is the essence of the analytic process of which the good hour is a nodal point. But we have to recognize that the transference is the main medium through which this works. The term transference is used here to mean the total relationship between analyst and analysand during the course of treatment.

There are then two parts to the general transference relationship: first, the attitude of the analysand with which the analysis opens, usually, but not always, a sufficiently positive feeling to permit a fair degree of rapport; second, the transference neurosis. The initial tentative rapport is intensified by the restrictions of the analytic situation and furnishes the climatic background for the development of the transference neurosis.³ This means that a substantial healthy part of the ego, with its self critical and integrative functions forms a kind of working alliance with the analyst, strengthened by some degree of identification (Sterba, 1934; Strachey, 1934; Bibring, 1937). It is the transference neurosis, however, that

furnishes most of the specific material for interpretation (Loewenstein, 1951). Concurrent with the growing interest in ego psychology and early ego development there has been an increasing interest in the character and variations of the working therapeutic alliance (Greenson, 1965).

My own clinical observations led me to consider that this basic transference relationship had its roots in the earliest mother-infant bond and reproduced the helpless infant's primitive trust in the need-fulfilling mother (Greenacre, 1954). Spitz has also given a detailed statement, based on his studies, of the infantile prototype of the transference development. On first consideration, this basic element in the transference appeared to me as a regressive revival of infantile dependence. Subsequent reflection brought the further idea that the mere existence of such a need for relationship is not in itself necessarily regressive, since it is an essential ingredient for the maintenance of life itself in infancy and is a necessary component in all later productive activities in life. It certainly contains strong regressive pulls in situations of suffering which, together with the limitations of the analytic situation, act to extrude the transference neurosis. It may also catalyse the therapeutic alliance at the same time that its regressive elements act as contaminants. Perhaps one may say that it is the continuous viability of this first slight step of conversion of primary narcissism into the very beginning of object relationship which must be retained if object relationships are to develop and withstand untoward conditions later in life. This capacity for rapport seems also to be essential if learning, other than by conditioning, is to progress.

It is my conviction that the psychoanalytic process, at its best, involves essentially a progression of growth. This is not so much stimulated as liberated to take its own course. Here we may remind ourselves of the biological background of maturational change. What we are aiming at in psychoanalytic therapy is the reinstatement,

³ To interpolate here some further remarks concerning Anna Freud's presentation: if I understood her correctly, she deplored a too-wide application of the term "transference" and suggested confining it strictly to what occurs in the analytic situation in relation to the analytic process, and so abandoning its use in favour of other terms designating various parts of what is now included under the general term transference. I can certainly see the value of this, especially in the effort to make classifications easier and perhaps more precise. But I think that the feeling with which the prospective analysand

approaches his analysis and his analyst has an integral relationship and continuity with the basic feeling after he begins his analysis; that this initiates the analytic process and leads to the development of the transference neurosis. It might be useful to designate this "basic transference" as a condition of "special rapport". But I would want certainly to try this out before definitely suggesting it as a term. At any rate, in this paper I am concerned very much with the relationship of elements in the analytic therapy to the texture of the patient's life.

insofar as is possible, of maturation which has been interfered with. Maturation shifts have a high degree of autonomy in their developmental patterning and proceed in accordance with an overall principle of individuation. Development always involves a response of the total organism and growth of any of its component parts or systems does not readily get out of bounds, separately from the rest of the organism.

Recent work of analytically trained observers in studies of infants has enlarged our understanding of the beginning of ego development and shown us the behaviour-patterning occurring in these early years. These patterns are at first much influenced by physio-biological factors in the body state and proceed according to biological maturation in cooperation with, or deterred by, the reciprocal response of the mother. There seems to be a natural landmark of individuation and attainment of separation in the second year of life with the achievement of walking and talking. There is a great leap forward in which mental and psychological functions attain increasing dominance, when communication can be carried on economically and independently of body contact or gross body activity.

While I arrived at certain observations regarding the significance of this period through my clinical findings and reconstructions with adult patients (Greenacre 1953, 1955, 1957, 1958, 1960, 1964), it was gratifying to find that these were in harmony with the experiences of some of my colleagues working directly with young children. (I am especially indebted to Mahler for her discussions with me concerning this period of infancy.) It appears that in this second year of life with its high degree of maturational flux, sensitivity to sensation, and heightening of excitement, the attainment of walking and talking also gives an enormous expansion in the development of communication. It is further a time of special sensitivity to external stimulation and, especially in children whose even earlier development has been such that there is an impairment of incipient object relationship, there seems to be a susceptibility to traumas which are more readily induced and make a deeper impression. On the other hand, in gifted people there have often been experiences at this time, reported later as involving special brilliance of sensation. These contribute the qualities of brightness, invigoration, and special responsiveness as they appear in later repetitions and screen memories.

On the basis of accumulated clinical observations it seemed probable that the second year of life is rather generally a time of increased body animation accompanied by some focussed genital awareness. Especially when the transition from primary to secondary process thinking is occurring with a gradual evolution of abstract thinking and of sense of self, the pattern of emotional development is greatly influenced by concomitant physical growth changes. Just before and during the establishment of speech, the biological maturation patterns exert a strong influence, sometimes with startling precision, on those of emotional development.

I see the psychoanalytic process as a recreative growth process, similar in certain outlines to the creative process itself, which in my estimation is a special form of accelerated, intensified and continued growth of which only the gifted ones, however, are capable (Beres, 1957). But whereas growth of the ordinary individual and the insistent growth of especially creative individuals are largely autonomous after the person has passed the first few years of life, the renewed or restored emotional growth occurring as the result of the psychoanalytic process, requires another person to be regularly on hand, ever watchful, ever listening and occasionally explaining (interpreting). The responsiveness of the analyst resembles very much that of the ideal mother or the ideal teacher of a young child. In our work too we must aim for the same respect for the autonomy of the patient that the ideal mother or teacher would have for the growing child and that the creative individual demands so compellingly for himself.

Growth proceeds in stages with fluctuations of activity which culminate in periods of stabilization or nodes representing the achieved organization of a new function. Such nodes are preceded by a fluttering, seemingly random, activity which gradually settles down as it is integrated into the new developmental stage. It is probably arrived at by cooperation between internal maturational forces and external stimulation (including the presence of a friendly audience and opportunity). The earlier experimental quality of this prenatal activity gives way then to a state when the total organism seems to click and the new function is in place. Gratification or even triumph in the exercise of the achieved function (e.g. finding a lost object and later walking and talking) appears with a period of playful practice. This overlaps then with the beginning experimentation with further activity,

ultimately leading to the next developmental stage.³

With extraordinary intuition Freud gradually fashioned the methods for psychoanalytic therapy after the principles of growth. This was the more remarkable in that the new method of treatment involved the undoing of strictures of the past which impeded and distorted normal psychic development, so that the latter might emerge and proceed by itself. This was in contrast with the most advanced theories of the day which depended largely, but often unofficially, on support, suggestion, and direction in the current situation against a background of neurologizing hypotheses without much consideration for the individual's historical background.

Free association, one of the cornerstones of the psychoanalytic method, is somewhat comparable to the fluttering, seemingly random activity of the child before he reaches a new stage. It also resembles the pondering rumination which goes on in the preconscious dreamy states of a creative individual when he is in process of arriving at some new idea, formulation or discovery (Freud 1920).⁴ In the analysand it naturally finds its way back to the sources of his difficulties in the past as well as to his disappointments of the present and his hopes for the future. Since he is already caught in an inner nexus of binds, he might arrive at a state of unproductive brooding with obsessional repetition or rationalization if he were left entirely to himself. The analyst having travelled these or similar pathways in himself and with others recognizes the road signs and at appropriate times may point out the significances of the patient's being drawn to the familiar path even though in the past it has led to pain and frustration. He may even indicate the presence of paths which have been previously bypassed. Gradually then courage for new development emerges.

The analyst thus supplements the patient's self-observing and self-criticizing functions and may operate almost as though he were a part of the patient. Insofar as the analyst's interpreta-

tions are clarifying, apt, and timely they may be accepted and gradually absorbed. Sometimes one may sense something almost like a click in the analysand when an interpretation which has been approached through its various aspects suddenly takes hold. This resembles a child who, fortified by the presence of an interested adult, regains courage and balance after a fall and takes more steps with renewed assurance.⁵

The importance of the basic transference must be considered not only in terms of the mother-infant relationship and the splitting of the ego. For the extent to which the interpretation can be made assimilable for the analysand depends not only on the analyst's sensitivity to the content of the patient's transference productions and his adequate knowledge of technique and principles but further on the construction—the stuff of which the patient's early attachments and identifications have been made in the period up to and including the acquisition of speech and the time immediately afterward. By this time, the role of the father, the relationship of the parents to each other, and the presence of other siblings are active influences. Identification at this time influences certain problems of affect, aspects of the sense of identity, and the early stages of object relationship. It contributes to the later oedipal development and influences its intensity, and possibly, to the degree of firmness of post-oedipal identifications.

The conduct of analysis is clearly dependent on communication through speech. While posture, mannerisms, facial expression and gestures are regularly seen during analysis, the analytic situation is set up in such a way as to minimize action as a major channel of communication and make it necessary for the patient to rely very largely on speech. The obvious value is that speech is the most economical, quickest and clearest way of getting a message across. The analytic situation assures the delivery of the message to a live listener. Further, speech entails both objectivation and social participation, albeit to a society of two.

Distortions of speech such as stammers, lisps,

³ Described by Gesell (1954) in his article on ontogenesis of infant behavior.

⁴ Free association as a method of promoting productivity had been described by Schiller in correspondence with Körner in 1788, and by Ludwig Börne in an article written in 1823 and reprinted in 1862. This latter may have been known to Freud who, at 14, read and enjoyed some of Börne's works. Freud rather objected, however, to Havelock Ellis' appreciation of his work as an artistic rather than a scientific production, especially as Ellis likened the free association to the method of "Impres-

sion" used in a volume of doggerel published by J. J. Garth Wilkinson, who was known as a Swedenborgian mystic and poet rather than as a physician. E. Jones (1953) also gives some discussion of this in his biography of Freud.

⁵ This auxiliary function of the transference relationship utilized in the therapeutic alliance, raises questions of energy distribution and availability, and of cathexis variability which are beyond my own reach, even for speculation. They are fascinating, but I must leave them for more theoretically minded clinicians than myself.

and disturbances of enunciation are common, and may interfere much or little with the analytic work, but are generally less disrupting than the disturbance of function in which the form of speech is well preserved but is not used very fully in the service of communication. Thus, speech may be used fundamentally as a discharge of tension, sometimes clearly comparable to a body excretory discharge; or for exhibitionistic purposes without real contact with the listener; or for ingratiation in which sympathy and self-justification rather than clarification is desired; or compulsively to fill a void of silence; or as a magical assertion to counterfeit fact. These narcissistic degradations of function occur at some time in any analysis, but are hardest to detect and work with when the misuse is consistent and largely ego-syntonic.

The misuse of speech in its function as communication may be reflected not only in the basic transference, but in that very part which is the gateway to and blends with the transference neurosis. Such deformations represent a fixation in early ego development, at which incipient defence reactions have begun to form at the very threshold of the oedipal period. This is after the acquisition of speech, when it is in the process of adaptive refinement to the new relation to reality, consistent with logical and abstract thinking. Such disturbances in the development of speech may contribute to an insecure transference as well as a tendency to act out in the course of treatment. Acting out is in itself disruptive and disorganizing to treatment since it may remove highly charged memories from being worked with as they are expressed in action rather than being brought verbally into the analytic sessions. It always leads to interruption in the analytic process, sometimes to discontinuance, and may result in new complications in life.

Constitutional tendencies to action may certainly play some part in the propensity to act out in treatment. Inadequate interpretation of the transference and problems of countertransference are also important contributors. It has been the intention of this paper not so much to review all of the factors conducive to acting out as to focus on elements of disturbances in the use of speech and language which may interfere with the processes of growth as they are re-enacted in analytic treatment. Perhaps the most difficult misuse of the function of speech during analysis is its employment as a magical assertion, a substitute for reality-tested fact. This is a fraudulent objectivation. It is a question how

much or how effectively such problems may be worked with. My hope is that this paper may stimulate further examination of the nature and effect of this special area in transference which represents the zone between action and speech, especially as I believe that this may have been overlooked or underplayed in its relation to other aspects of transference—more often being at least partially but inadequately dealt with in work with the defences.

The other papers in this Symposium supplement my own in that they deal more explicitly with the consideration of acting out. The two papers of Grinberg and Vanggaard touch rather closely and variantly on ideas expressed in two papers of my own on acting out (1950, 1966). Using Freud's 1914 paper on "Remembering, Repetition and Working Through," Vanggaard has developed his thesis on the basis that (i) the term acting out should be limited precisely to action arising during the analysis in the work of the analytic process—and not due to or affected appreciably by external happenings; (ii) acting out may serve to reduce tension created by unconscious conflict which has been activated in the analytical situation. This reduction of tension is not useful since resolution of the conflict has not been appreciably attained.

He then makes a sharp differentiation between actions due to unsolved unconscious conflict and behaviour motivated by the need for reality-testing when the unconscious conflict has been largely resolved. Thus acting out serves as a resistance and reality-testing is a sign of therapeutic progress. The attitude of the therapist should then change accordingly, permitting more active benevolent intervention in the latter situation than would be permissible in the former. Now all this contrast is didactically very neat and in many instances helpful. But in my experience, in the actual treatment situation, it can rarely be as clear-cut as this.

Acting out certainly may become extreme when it is focussed, channelled and increased by the analytic process under the stress of an intense transference relationship. If we limit the term acting out to describe only this, and very precisely, we must recognize the intrinsic connection of such behaviour to the tendency to repeat organized memories of old events or fantasies in action, instead of and sometimes as a step toward bringing them into conscious and verbally communicable form, and that this occurs outside of analysis and may be stimulated by

external events of large or small proportions. Such stimulation from external sources may occur even in the course of an ongoing analysis and may combine with rather than predominantly arise from the work of the analytic process itself. Thus I cannot make as definite a differentiation as Vanggaard seems to do. Similarly I think elements of attempts at reality testing may be discerned in many instances of acting out. If the unconscious conflict has been but little touched, then the reality-testing is unsuccessful and may even be disastrous. In any case, the analytic patient is a living person and the analytic process constantly uses material from current situations in its relation to the drive and defensive tendencies from the past.

I would certainly concur with Vanggaard's caution about the need to evaluate the significance of disproportionate or inappropriate action in terms of its relation to the degree of resolution of the underlying conflict. It is a temptation to speak of other points of Vanggaard's paper, especially his distrust of the value of interpretation in dealing with ego problems and his apparent belief that analysis must be limited entirely to work with the transference neurosis. But this leads to more discussion than time will permit.

Grinberg's paper impinges on one of my own on (massive) acting out in the transference (1966). While I would say that all acting out must be viewed as having at least an implicit relation to the transference, this particular paper dealt with acting out which was manifestly and repetitively directed at the analyst within the actual analytic hour. Grinberg believes that acting out is *generally* based on a central nucleus of disturbance characterized by a "projective-identification." He sees this as a repetition of mourning resulting from an early object loss, either real or fancied, before the sense of the wholeness of the self has been reasonably attained. The child then suffers from a splitting apart of the introjective-projective elements; and by a projective identification onto the substitute object, attempts to regain the lost part of the self-image. He states that

the child, who when experiencing the loss of the primal object (mother) and before finding a substitute object (father) feels acute anxiety because he is "halfway", reacts as though suddenly confronted with a void and gets into a tantrum of acting out so as not to lose himself into the void.

The behaviour of the patients whom I was

describing in my 1966 paper resembled Grinberg's patients in that they showed a determined and repeated need to draw the analyst into the orbit of their disturbances, in a way which might be described under the heading of projective identification. But there are two main areas of striking differences: Grinberg sees this as a nuclear condition of mourning which forms the general core of acting out in its various manifestations. In contrast, my paper was based on five cases, which I regarded as unusual and even exceptional, occurring as they did as the only ones in thirty years of experience. I considered that their behaviour might be classed as acting out since it appeared to be a rather direct repetition of early experiences which were not and could not be available for direct recall and verbal communication, because their strongest roots were in the first two years of life when there is no firm establishment of secondary process thinking. I wonder whether Grinberg's experience is based on a group of patients rather different from the general run of my own, and may include a much higher proportion of patients with severe distortions or deficits in early ego development.

The second important area of difference is in the genetic content of the situation giving rise to the projective identification. It is hard for me to conceive of a *general* developmental picture such as Grinberg describes. It would seem to me rather an exceptional situation. While the mother is the primal object during the first months of the infant's life, this relationship is supplemented gradually by that to the father, which may develop especially during the second year, and is substantially different from that with the mother. In any case, there would commonly be an overlap and mutual reinforcement rather than a chasm and void into which the child would feel a danger of being lost. My own cases were either only children or youngest children who, from birth on, had been in many ways in an abnormally close relationship with both parents, sharing the bedroom and sometimes even the bed throughout early childhood and well into latency. This complicated the progress of good separation from the parents as it generally develops through the introjective-projective stage. Further, the intensity of experiences both of closeness and of separation was increased by subjection to repeated primal scene experiences. Then the parents, though at hand, could not be reached except by crying, increasing to tantrums.

Grinberg notes the problem of identity in his patients and seems to attribute this to the

projective identification in the early months. There were problems of bisexual identification in my patients also—which I thought were due to multiple determinants but might have been especially influenced by the constant bodily contact by touch and vision over a very considerable period of time with both parents. This then acted in a way to confuse the primitive body image.

As with Grinberg's patients, the tantrum behaviour occurred frequently in relation to separations from the analyst even for weekends. It was also strikingly in evidence following "good analytic hours" in the Kris sense. It appeared that there was a fear of being incorporated and of submission as great as the fear of loss by separation. All my five patients were bright and even somewhat talented people whose mature development had been impaired by disturbances reaching a height in tantrum behaviour. I had a modest success with three of the five patients. This was not the result of indoctrination or teaching, as Vanggaard thinks may be necessary, but of constant interpretation of the various ways in which the narcissistic sensitivity had led to aggressive outbreaks, and of the gradual awakening of the patients to the need to master the temptation to gain a semblance of power through tantrum, grievances, and pseudo-emergencies.

This leads me to Rangell's patient who had made a way of life from a similar form of acting out. It seems, however, that the disturbance arose from an exceptional series of actual traumata in the postoeidial period, such as to increase extremely the castration fears. I am also impressed by Rangell's statement of acting out as

a specific type of neurotic action directed towards interrupting the process of achieving effective insight—thereby seen mostly in the course of psychoanalysis but also elsewhere.

This seems to me a concise summary and to represent pretty much what Freud was indicating in the 1914 paper.

I regret that I am unable to make any valid contribution to the discussion of Lebovici's

paper, since I have no experience in the field of child analysis.

To return to further comments concerning Anna Freud's presentation—I was glad that she emphasized that there are differences in the origin and in texture of acting out in the neuroses, impulsive characters, and psychoses, as there has been a recent tendency to oversimplify the application of our theories in a way to exaggerate common factors in these disorders and sometimes to overlook fundamental differences. I would also think that acting out in the neuroses occurs predominantly under the stimulus of the analytic process but may occur outside the analytic hour; further that it resembles and is related to certain repetitive actions—no matter what we call them—which may occur even where there is no analysis. To me it seems a mistake to ignore these in our efforts to understand behaviour. We may have to find terms or phrases which will adequately describe these and other differences. It is possible we are at a stage where the term acting out, now being used too loosely, may be on its way out. But I do not think this change can be demanded or hurried very much, since it depends on increasing precise knowledge and reciprocal theory to show its inadequacy and give rise, usually almost spontaneously, to new definition through which a new term will be assimilated. This may be implied in Anna Freud's succinct statements. When we use the term acting out now, we might well question and designate what constitutes the behaviour we are describing and how we understand it.

My own paper has been so involved in considering the analytic process, that it may have skimmed attention to the specific manifestations of the acting out and especially to the different types and origins of disturbances of the function of verbal communication in analysis. I see the development of speech as a significant stage, in which verbalization is combined with other motor expressions in varying ways. The scrutiny of these, within the analytic situation during treatment, may contain avenues for understanding early ego disturbances which have not been adequately explored.

REFERENCES

- BERES, D. (1957). "Communication in psychoanalysis and in the creative process—a parallel." *J. Amer. Psychoanal. Assoc.*, 2.
- BIRING, E. (1937). "Therapeutic results of psychoanalysis." *Int. J. Psycho-Anal.*, 18.
- FREUD, S. (1920). "A note on the prehistory of analytic technique." *S.E.*, 18.
- GREENACRE, P. (1953). "Certain relationships

between fetishism and the faulty development of the body image." *Psychoanal. Study Child*, 8.

— (1954). "The role of transference: practical considerations in relation to psychoanalytic therapy." *J. Amer. Psychoanal. Assoc.*, 2.

— (1955). "Further considerations regarding fetishism." *Psychoanal. Study Child*, 10.

— (1957). "The childhood of the artist: libidinal phase development and giftedness." *Psychoanal. Study Child*, 12.

— (1958). "The imposter." *Psychoanal. Quart.*, 27.

— (1958). "The family romance of the artist." *Psychoanal. Study Child*, 13.

— (1960). "Further notes on fetishism." *Psychoanal. Study Child*, 15.

— (1964). "A study on the nature of inspiration." *J. Amer. Psychoanal. Assoc.*, 12.

GREENSON, R. R. (1965). "The working alliance and the transference neurosis." *Psychoanal. Quart.*, 20.

HARTMANN, H. (1951). "Technical implications of ego psychology." *Psychoanal. Quart.*, 20.

JONES, E. (1953). *Life and Work of Sigmund Freud*. (New York: Basic Books.)

KRIS, E. (1956). "On some vicissitudes of insight in psychoanalysis." *Int. J. Psycho-Anal.*, 37.

LOEWENSTEIN, R. M. (1951). "The problem of interpretation." *Psychoanal. Quart.*, 20.

SPITZ, R. A. (1956). "Transference, the analytic setting and its prototype." *Int. J. Psycho-Anal.*, 37.

STERBA, R. (1934). "The fate of the ego in analytic therapy." *Int. J. Psycho-Anal.*, 15.

STRACHEY, J. (1934). "The nature of the therapeutic action of psychoanalysis." *Int. J. Psycho-Anal.*, 15.

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HOMOSEXUAL ACTING OUT¹

LAURA ACHARD DE DEMARÍA, MONTEVIDEO

Throughout my psychoanalytical experience I have found that homosexual acting out reveals several traits of its own: compulsion towards repetition, oral anxieties, a special way of choosing homosexual objects, certain transference factors and ritual. I will try to show briefly how each of these appears in the course of treatment.

Repetition-Compulsion

In one of my patients this came out as a compulsive submission towards his idealized father, as he had experienced it when he was 7 years old and had a passive homosexual episode with his elder cousin. Compulsion also expressed his unconscious wish to deflect his aggressiveness from the analyst to homosexual intercourse, under the guise of self-punishment. He would say: "Yesterday I did something which disgusted me as never before. I had homosexual intercourse; I had a feeling of something useless, sterile, without any purpose or reason. I felt cold and as if I had escaped from myself and was watching from a window. I think I shall never again act as I did; it sickens me and makes me despise myself". Thus the death instinct and its partial expression, compulsion towards repetition, takes the dramatic shape of a self-inflicted vengeance (secondary masochism). Whenever he felt frustrated in psychoanalytic treatment, the patient would answer with homosexual acting out that had a special retaliatory character.

Primary Oral Anxieties

In homosexuality, and even more in homosexual acting out, there is a failure of genitality and a regression to pre-genital levels. In these patients the relationship with the breast and the mother has been greatly disturbed. External oral frustrations, an inability to work them out, impulses of hatred and a quick unstable turning to the paternal penis are clearly expressed. In one of my patients this relationship became

dramatized in homosexual intercourse; later, when homosexual acting out disappeared, memories of lactation came to the fore. He acted and did not remember, but his specific behaviour evinced an inner source of unending anxiety, hatred, and annihilation.

In some of these patients I found an intense splitting of the maternal imago into a predominantly sick and destroyed imago from which they escape, and a warm protecting figure that has been intensely repressed and takes shape during therapy. Their deepest desire is for a good relationship with the breast and the mother.

The Choice of Homosexual Objects

In the choice of homosexual objects, projective identification becomes the central mechanism. In one patient the choice of objects was clearly narcissistic: he projected aspects of himself which he gave as lost. Another type of projective identification was evident in the search for "worthless" objects, in which the patient found aspects of his own self that had been rejected and destroyed. In this second type the main conditions were anonymity, a particular kind of scene for acting out, and the process of debasing the objects. It is interesting to point out the projective character of this debasing process, which makes for a strongly Eros-less kind of relationship. The second type was predominant in homosexual actings out.

Transference Factors in Acting Out

These are constantly present in treatment. I see them as a defence mechanism whereby the patient carefully excludes from the analytical situation many fears, fantasies and object relationships. It is therefore very necessary to interpret transference factors from the refusal to face those elements within the relation with the analyst. Interpretation should begin at transference, later including other components of this behaviour.

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

Integration of these factors is enormously important and helps to cut the need for acting out. Homosexual behaviour usually means an inability to experience negative transference within analysis. The homosexual feels death within himself, under different shapes, and he is afraid to direct it towards a single object, the analyst. In the fantasies which are the partial cause of this behaviour one can discover the desire to destroy the analyst and consequently suffer destruction. One of the ways to escape retaliation is through an irrational belief in the magical power of the homosexual ritual.

The Homosexual Ritual

This works as an exorcism of the primal scene, and as a way to dramatize the circumstances in which it was experienced by the patient. Frustration is always present; love is always absent. But the ritual is felt to be something fatal and malignant, a paradoxical action for which one does not know the reason. In this ritual, the primal scene comes very much to the fore. Projective identification is behind the interchange of roles, and the placing of anxiety in himself or the other actors. These variations happen so quickly that it is difficult to trace them.

The following is a good example. Gerardo, 21 years old, is a passive homosexual. Through transvestism he overtly expresses his identification with the mother and the desire to be a woman. "The only thing I like about myself is my mouth, because it resembles my mother's. . . . But I have done with it things that I am ashamed of, and which have lowered me." He seeks an

idealized object (strong masculine attributes): "A strong man, with broad shoulders, strong muscles, etc." He obtains no sexual pleasure; but he is pleased to see his partner satisfied: "I never feel any pleasure. I try to make him enjoy it, I want to make him happy, I have no interest in it for myself. . . ." Things happen mainly at an oral level: caresses, kisses and acts of fellatio on his partner.

He searches for his object in the company of a homosexual friend with whom he does not have intercourse: "I am going to have fun together with him. It is more difficult when I am alone. The three of us go out in the car. . . ." In the end the third man disappears and the relationship is between two.

On a first level of interpretation, the partner is an all-powerful father, the patient takes the part of the "masochist", while the third friend, absent-present (Gerardo as a child), remains alone, hungry and frustrated. Projective identification is directed both towards the partner (paternal narcissistic aspects) and the third man (infantile imagos). In this kind of episode, persecutory anxiety seems to be placed on the third friend. There is no manifest anxiety in the couple, since the homosexual ritual exorcizes all danger.

I am inclined to see homosexual acting out as a basic element during the treatment of homosexual patients. It has a specific character and relevance to the problem. Therefore I suggest it should be systematically interpreted as soon as possible, in order to diminish persecutory anxieties and prevent another kind of behaviour: the escape from treatment.

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ACTING OUT AND PSYCHOSOMATIC ILLNESS AS RELATED REGRESSIVE TRENDS¹

NORMAN B. ATKINS, LOS ANGELES

Chronic acting out which is always considered as posing a formidable analytic problem becomes even more difficult to understand and interpret when it is intertwined with a life-threatening psychosomatic illness.

Regression to pregenital fixations and ego disturbances involving the capacity to neutralize instinctual energies, particularly aggression, have been described as factors common to acting out, psychosomatic illnesses, as well as many other conditions.

Rosenfeld (1964) has written that with excessive acting out one may anticipate varying degrees of ego disturbance and ego weakness, interference in the capacity for verbal thought, and inhibition in sublimation. Kanzer (1957) has reiterated the point of view that in acting out there is a fixation on early motor and preverbal patterns of discharge and that there is a disposition to regress from thought to fantasy and from fantasy to action. Schur (1955) links resomatization to the prevalence of primary process and the failure of neutralization.

Is acting out a frequent or usual accompaniment of psychosomatic illness? Is this tendency correlated with the severity of the overt somatic symptomatology or with the underlying ego and instinctual problems? As an initial attempt to answer these questions it is necessary to attempt to identify and understand the acting out aspects of the symptomatology of a patient with a psychosomatic illness. What hinders a clarification of these questions is the relative difficulty in identifying and interpreting the acting out as it occurs accompanying a psychosomatic illness. Acting out in the transference, neurotic acting out, and the chronic acting out of certain character neuroses are familiar to us. But in psychosomatic disorders, behaviour that under other circumstances would be clearly understood as acting out may be thought to be a rational response to the pain and disruption of the physical illness. This is especially true in those

patients whose psychosomatic disorder causes grave discomfort and involves reactions dangerous to life. It is only under psychoanalytic scrutiny that the extent of such "masked acting out" may be identified and understood as such.

The following case illustration is from the first two and a half years of the analysis of a young man suffering from severe, intractable bronchial asthma. The onset of the asthma coincided with his wife's first pregnancy and was from the beginning characterized by periods in which he became helpless and incapable of carrying on his usual occupation and had to seek hospitalization. When he was successful in coercing his environment to participate in his regressive behaviour his asthma exacerbated. He had a number of episodes of status asthmaticus. The downhill course of his regressions and the increasing physical illness finally led him as a last resort to seek analysis.

In the course of the analytic work it became evident that his disturbed and regressed behaviour, which will be described and which was associated with the asthmatic attacks, was an acting out similar to earlier behaviour in relationship to his mother in childhood and which was being in a sense re-enacted. Following the birth of a sister when he was 3, the patient had regressed to infantile helplessness and began suffering at that time from episodes of vomiting, enuresis and encopresis which did not completely subside until latency. His mother accommodated herself to this behaviour which evidently fitted into her masochistic need to serve and preserve him as a helpless, demanding and soiling infant.

In analysis he showed a striking capacity for misusing every element of the analytic situation; the opportunity for analytic dependency was transformed by him into a replica of his childhood helplessness; the invitation to free association resulted in incoherent mumbling; the permission for relaxation of censorship was

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

converted in the analytic sessions into a kind of licence to relax his sphincters: he urinated, momentarily gave up control of his bowels, coughed, spit, vomited, and even ejaculated during asthmatic attacks. These phenomena which crossed and recrossed the boundary between acting out and physical symptoms were confusing, frustrating, at times revolting, and bedeviled attempts at analytic work.

In the course of the treatment both the asthmatic symptomatology and the sado-masochistic acting out gradually yielded to analysis and these actions and symptoms could be comprehended as examples of "preverbal communication of some part of a past life experience" (Fenichel, 1957).

Following his first hour on the couch he had a dream which was a harbinger of his acting out as well as his regressive potential. "I was standing on a hill, on the edge. There was a bunch of rocks behind me. My wife is off to one side behind a tree. Facing me is a *tiger*—a muddy, dirty tiger. It is looking at me but is not prepared to pounce. I have a gun but it is a new one and I'm not sure how to use it. I plan on *falling back*. If the tiger would spring it would have to come in front of me. It couldn't jump me without my seeing it and I would be prepared. I would get it in the neck but I'm afraid to use my new weapon."

He feared the analysis and was not sure of how to ready himself for my anticipated attack on him. His self-representation was divided between a mature, rational, yet impotent self and a denied, projected, infantile, biting, and soiling aspect which in the course of the analysis he was to attempt to act out with his wife and with me.

Between bouts of illness which required hospitalization the patient was unable to work at his profession despite his intelligence and education. When at work he made no attempt to control, suppress, or even shield his exhibitionistic coughing and spitting. Instead of being given special consideration for his suffering, fellow employees would shun him and he would feel hurt and paranoid. His offensive behaviour repeatedly cost him his job, each succeeding job being a less demanding one with an inferior status.

He became more dependent and incapacitated during the second year of his analysis, though his asthmatic condition remained unchanged. He seldom bathed or shaved, claiming he was too weak and too ill. This acting out which had always involved a renunciation of ambitions and

aspirations became more relentless and was coupled with a demand for bodily care. He succeeded in coercing his wife into treating him as an infant, bringing a urinal to the bed at night and taking care of his bodily needs as if he were a young child. The urinary and faecal soiling increased, sexual intercourse became impossible because of genital anaesthesia and impotence. His anus became the focus of hypochondriacal preoccupation, with his insistence that it exuded a smell like that of a rotting animal. At times this insistence had a quality of an olfactory hallucination.

He used his periodic hospitalizations as sanctuary from the demands he felt imposed upon him from me in the transference and his wife and employers in his life outside the analysis. When this wish for hospitalization was denied him by his internist as his asthma diminished, his use of this method of acting out was frustrated and he had this nightmare: "They told me I'd have to keep puffing up or keep getting pumped up; the only way this thing could resolve itself was by my splitting up, being taken apart—dividing or bursting. I felt, 'I'm dying, I have to die'." His associations pointed to fears of breaking apart and of going crazy. During this time he began to have violent defaecations, feeling rotten parts of his insides coming out, and his thinking showed increased evidence of primary-process contamination.

His existing capacity for good object relationships had been based on a poorly integrated identification with the gratifying and rational aspects of his mother. This identification with the good mother became in his illness overwhelmed by the previously walled off, defended against, part of himself that at times was close to psychosis. It represented his own instinctual needs infusing the projected and disturbed internal image of his mother. During deeply regressed times in the transference he felt himself to be *actually* this "crazy" mother, not simply like her. Also he felt connected to her like a Siamese twin with a tube connecting the two of them. This was a situation he called "mutual drainage". It was like two balloons attached to each other: when one fills up the other shrivels.

With this patient maturation and integration had been interfered with by fixation on frightening unconscious intrusive and cannibalistic impulses and fantasies. He was convinced that all personal growth could only come at the expense of the physical welfare of the object upon

whom he depended for narcissistic supplies. To him growing up meant he would grow into a huge infant with enormous hungers and without the ability to control himself. Like a tiger he would destroy the breast that fed him. In the transference the fear of destroying the analyst through getting inside him and cannibalizing everything worthwhile alternated with the fear that the analyst would forcibly enter him in a similarly sadistic fashion.

The asthmatic attacks occurred whenever he renounced instinctual gratifications, ego capacities and reality attainments because of the unconscious anxieties which have been briefly described. However, self-denigration and renunciation did not alleviate the anxieties. The self-imposed martyrdom only increased his frustration—unconscious rage, and fear of retaliation. In this context of moral masochistic acting out with overwhelming unconscious rage, the asthmatic attacks took place. When it became possible for the patient to appreciate the nature of his internal conflicts as experienced in dreams, free associations, and in his acting out, the asthma and also the acting out gradually diminished.

As long as the significant reality objects in his environment, his wife and his physicians, participated in the acting out of his unconscious fantasies and demands to be treated as a sickly soiling child, the regressive state maintained its intensity. In periods when the patient was acutely ill it was necessary for the analyst to resist the temptation to act out mutually with the patient, which could have been justified by the reality of the dangerous illness. It became abundantly clear that with this patient solicitous concern and attention tended only to worsen his physical and emotional state.

Some form of acting out, I believe, is generally to be found associated with the more severe psychosomatic illnesses; and is often troublesome and most difficult to deal with. This case suggested to me that the acting out, and in particular the transference acting out, by a patient with a psychosomatic illness is amenable to psychoanalytic understanding and interpretation; although its meaning may initially be obscured by the severity and nature of the somatic symptoms. In working with such patients there exists the temptation to modify the analysis through referring the patient to non-psychiatric physicians or engaging in the use of other non-analytic approaches. The use of such parameters is a not-uncommon response to the pressures of such patients in their attempt to provoke the analyst to countertransference acting out.

Sperling (1957) is of the opinion that any form of treatment other than psychoanalytic not only does not offer the patient a cure but actually militates against recovery. She says that this is so because non-interpretative psychotherapy only reinforces the patient's feeling that his illness is beyond his understanding and control.

It is important to be alert to the resistance aspects of the acting out, and especially the hostile and negative transference elements. Early interpretation of the transference, the distrust, and the hostility tend to counteract further regression (Atkins, 1967). In the analysis of these very disturbed and disturbing patients, where the values and anxieties of the analyst are repeatedly at issue, it is especially important to become consciously aware of our countertransference urges to control, protect, and manipulate and to render these urges into a rational instrument of the analytic effort.

REFERENCES

- ATKINS, N. B. (1967). "Comment on severe and psychotic regressions in analysis." *J. Amer. Psychoanal. Assoc.*, 15.
- FENICHEL, H. (1957). "Acting out, repeating and remembering." *J. Amer. Psychoanal. Assoc.*, 5.
- KANZER, M. (1957). "Acting out, sublimation and reality testing." *J. Amer. Psychoanal. Assoc.* 5.
- ROSENFELD, H. A. (1964). "An investigation into the need of neurotic and psychotic patients to act

out during analysis." *Psychotic States* (New York: Int. Univ. Press, 1965).

SCHUR, M. (1955). "Comments on the meta-psychology of somatization." *Psychoanal. Study Child*, 10.

SPERLING, M. (1957). "The psychoanalytic treatment of ulcerative colitis." *Int. J. Psycho-Anal.*, 38.

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REPORTS OF DISCUSSIONS OF ACTING OUT

English Language Section I (J. Klauber)

Schwarz opened the discussion by reporting on one of the types of acting out which Anna Freud had characterized. She described the work and conclusions of the study group on delinquency of the Hampstead Child-Therapy Clinic. This planned presentation may have influenced the course of the subsequent discussion to be concerned more with the consideration of the contrasts and similarities between neurotic and impulsive acting out than with the discussion of the evolution of the concept and the evaluation of its present role.

The group, started in 1962 under Schwarz's leadership, has studied seven children aged 7 to 15 for two to four years. It was set up to investigate three concepts, which were soon seen to be closely interlocked: acting out, the object relations of delinquents, and frustration tolerance. All the children were permanent actors-out. Schwarz considers that neurotic acting out shows clearly the mechanism involved in the permanent acting out of the children, which she regards as essentially similar in structure to a neurotic symptom. Many of the children studied came from "good" homes; and analysis has helped all of them. To counter the criticism that they therefore could not have been "real" delinquents, Schwarz asked two questions: How can one reach "real" delinquents so early in the history of their delinquency? And what would have happened to these children (whom she later described) if they had not been analysed?

The most frequent symptom was stealing. Schwarz distinguished six categories, making some suggestions about their relationship to types of symptom in the adult. She therefore regards acting out as determined by a variety of conflicts in the character. The six categories are:

- (i) stealing as a means of restoring the lost mother-child relationship, e.g. stealing food as a defence against sadness. This type of stealing might be related to later over-eating, drug taking, addiction.
- (ii) an aggressive defence against envy, e.g. an institutionalized child steals watches presented by loving parents but does not use them.
- (iii) a defence against feelings of bodily damage—stealing fountain-pens, jewellery, or a woman at the beginning of the menopause who steals diapers belonging to other women. This could be related to the fetishistic cathexis of part objects.
- (iv) stealing to achieve punishment.
- (v) stealing to restore or increase self-esteem, e.g. gramophone records to give away. This might be related to the psychopathology of the collector.
- (vi) stealing to publicize a secret, for instance, the girl who stole cakes and hid the paper wrappers in her pillow case. This had the meaning: "I know that you are hiding my adoption papers."

Schwarz then suggested a very tentative genetic reconstruction. The tendency to act out in this way was established in the second year by an upset. It was determined, not by crude frustration, but by the way in which the mother handed out punishment and satisfaction. It might be that in the process of individuation there was a break in the mother-child relationship, for which it was not possible to give an explanation to the child, with the result that the child's trust was shaken. The child turned first to its own body for satisfaction, then tried to make itself more and more independent of objects. Schwarz agreed with Winnicott's emphasis on object hunger.

Perhaps all acting out was to be seen as the search for an object which would restore the mother and give protection and standards. Schwarz ended by giving case material which showed among other things that the basis for the later disturbance might have been laid down very early.

The first two speakers took up the relationship of the acting out of delinquent children to normal and neurotic processes. Blumenstein (Los Angeles) asked if the child who acts out were not trying to test the analyst. For children who might not be able to distinguish clearly between external and internal objects acting out could have a function comparable with that of signal anxiety.

Bonnard (London) distinguished acting in terms of the phenomena of transference from true acting out. Acting in terms of transference could more appropriately be called "re-enacting in", which would remove the mistaken value judgment enshrined in the term acting out. Acting could often have reference to an event which was literally unspeakable for the child—that is, could not be spoken about—and might be highly non-specific in its relationship to it. Here acting might be described as "testificatory". The extent to which the atmosphere in which a child lived might be unverbalizable for the child was frequently underrated.

Rosenfeld (London) then attempted to make a more detailed differentiation of acting out disorders from acting out in the transference. He was interested that Anna Freud's model had many points in common with his own twelve years before. He considered that much discussion became muddled because people with acting out disorders of course also acted out in the transference. However, neurotic acting out was stimulated by the transference. He called this partial acting out, and considered it to be an attempt of the co-operative side of the patient to make a communication. Excessive acting out, on the other hand, implied a fixation in an early phase of childhood development. Winnicott had stressed the role of early object relations and Anna Freud that of ego regression. Rosenfeld emphasized that some of these patients are not so much seeking a "container" or mother, as aggressively projecting unwanted parts of themselves into the object. This projection of split parts of their personality into the object prevented their finding a satisfactory mother. As the object changed by the projection is introjected into the ego, weakening of the ego barriers and weakening of the ego takes place. If this problem is acted out in the analysis progressive weakening of the ego must result.

Meltzer (London) considered that the term acting out should be restricted to its original methodological meaning and not be extended as a term of clinical psychopathology. This latter tendency involved a social value judgment. There was a danger of only being able to identify the nature of the action *after* it has occurred or, in the analyst's solicitude, of crushing the patient's social initiative by intrusive scrutiny.

On the other hand, as a methodological concept, the acting out of transference fantasies, in and out of the consulting room, could be identified by a knowledge of the evolution of the transference and involved no social value judgment. By detailed following of the transference it was often possible to recognize incipient and dangerous tendencies to act out and prevent their completion, thus enhancing the safety of the analytical work.

Kestenberg (New York) thought that the motor aspects of acting out had been too much stressed. The

master criminal who planned a crime acted out as much as his agents.

An analogous point to Meltzer's was made in regard to impulsive characters by Chase (Boston). He emphasized that whereas interpretation of acting out could be given at once to the neurotic, to interpret it early with a view to its control would in some character disorders be like expecting a baby in a crib to run across the road. One had to wait for the time when the acting out of the impulsive character became fused with neurotic acting out. He illustrated this by the example of a suicidal gesture, stimulated by separation from the analyst and designed to end him.

Valenstein (Boston) distinguished between the acting out of patients who had to discharge tension directly, and those who act out something which has a consistent symbolic meaning. He agreed that acting out need not imply something pejorative. He drew attention to the possibility of differing needs for varieties of congenital personality-type and to the variation in the effect on a child of a particular congenital type of a differing environment.

Klauber (London) commented on the fact that Grinberg had described in his paper as acting out phenomena which many would regard as repetitions in the transference of anal forms of relationship. He thought that the tendency to describe so many phenomena in terms of acting out arose from the awareness among analysts of the need for constant scrutiny of the transference if they were to avoid unpleasant surprises from their patients. But in the analytic session, it was not so much a question of a contrast between free associations on the one hand and transference on the other, as a contrast in the views of different analysts as to how often the transference significance of the associations should be interpreted. Those analysts who interpreted most phenomena from the standpoint of the transference would also tend to emphasize the relationship of the state of the transference with action. It was in his view a mistake, however, to confuse the need for awareness of the state of the transference with a need constantly to interpret it, or to designate so many of the phenomena of the session as "acting out".

Winnicott (London) said that psychiatrically there was something better than acting out, and something worse—no hope. Regression with hope in an analysis was something quite different from regression without hope. Acting out was an abortive form of playing, the exciting thing being the replacement of acting out by an ability to play and to communicate. Interpretation was also a form of experimental playing, and the analyst should consider the meaning of what he was doing in relation to his expected environment when he was never the same with any two patients.

In addition to these comments, there were two general reflections on the role of acting out in the population at large. Ostow (New York) considered that it is only a small proportion of the population who can be expected to see themselves as the architects of their destiny and not to act out. Frank (New York) thought the educational role of the analyst of great importance in controlling the enormous increase in alloplastic disorders.

English Language Section II (V. Calef)

In this discussion we were told that one of the Kris study groups had studied acting out for two years, culminating in a great deal of knowledge. However, many in the group were left with less assurance about that knowledge. So it was with our discussion which explored the clinical and theoretical problems of acting out, sometimes with spirit. Of necessity, much was left unresolved.

Some participants were willing to define our term narrowly and to confine it to what Anna Freud reminded

us was its first historical conception in the 1914 paper on "Remembering, Repeating, and Working Through". Others were less reluctant about broadening the meaning of the term.

Some psychoanalytic concepts lose meaning when they are defined too narrowly and some lose meaning when defined too broadly. For example, when transference is defined operationally, limited to analysis, some of its richness is lost. Clarity can be retained when we consider transference as universal, and the transference and transference neurosis which make their appearance in analysis as special and particular varieties of the broader concept. In contrast, acting out, considered as operationally related to the analytic situation alone, retains a clarity and distinctness from other clinical phenomena for which we do have conceptual tools. It loses its meaning when it is used to encompass a wide range of clinical phenomena. Nevertheless it seems to be true that many analysts wish to maintain the broadest definitions for both terms; and more importantly for purposes of this report they wish to broaden the clinical area covered by the word acting out.

The questions and the comments which searched for a definition of acting out during the discussion can be divided into four categories:

(i) The clinical-descriptive aspects of acting out:

It should be said that several discussants, including our sole formal discussant, Burness Moore, gave us clinical vignettes to illustrate the descriptive aspects of acting out. Many discussants reiterated that we must differentiate acting out from such things as (a) enactment, (b) the average acceptable living out, (c) neurotic behaviour, and (d) symptomatic acts, etc. even though similar mechanisms were to be found in all. As mentioned, some participants confined the term to events in and of the analysis, while others included outside events as well as delinquent, psychotic, and perverse behaviour. We were reminded that any impulse arising from within the ego may be expressed in several ways, one of which is enactment, a general form of compromise formation and discharge arising out of the interplay of instinct and defence; and that acting out might be considered a specific sub-form belonging particularly to the analytic situation. Many of the participants expressed the idea that acting out is a general process which has specific form in analysis. Despite such expressions we could not agree on the clinical description of the entity under discussion, and therefore it remained unclear just what the metapsychological formulations were intended to encompass and explain.

(ii) Genetic considerations:

The genesis of acting out, though of obvious interest and concern, did not occupy a great part of the discussion. Mention was made several times of Greenacre's concept concerning the relationship of early trauma to the disruption of the development of speech and the capacity to communicate. Also, Jacobson's concepts of "the self" and "the object world" and Mahler's concepts of individuation and separation were invoked as helpful for the genetic reconstruction of the types of clinical occurrences which were under discussion. It must be said that no new clinical evidence was adduced to demonstrate the specific relationship of acting out to genetic factors. It perhaps needs also to be said in the name of accurate reporting that most of the genetic comments of the discussion came up in connection with specific attempts to portray the dynamic importance of the need for an object, and the feeling of emptiness and loss of identity that was said to be present in those who acted out. There was one new idea expressed as a question concerning genesis when it was suggested that perhaps the "actor-outer" is one who has to deny that he was an unwanted child; that perhaps most of us are unwanted children, a situation which follows an ambivalence

spectrum and which, depending on intensity, may be transmitted to the child by maternal attitudes.

(iii) *Dynamic formulations:*

Specifically in the attempts to elucidate the dynamics of acting out, it became clear that we, as a group, were speaking of a wide range of clinical behaviour all of which may or may not have common dynamic roots; and that there was indeed a danger of including everything in acting out, and thus render the term meaningless. Some people were interested in finding the motivational aspects of acting out and in that connection the importance of anxiety as a motive was emphasized. The incapacity to bear tension and to arrest action (thus permitting a discharge of infantile conflicts in defiance of reality) were considered crucial in acting out. Symbiosis and separation anxiety were deemed to be the genetic core of the dynamic inability to stand tension.

The motivation for acting out was approached from another angle, not necessarily contradictory to the issues of anxiety as motive. The question arose as to whether acting out served the function of communication and whether it was in essence a wish to communicate, a charade, so to speak, to bring to the attention of the analyst that verbal communication was not safe. Obviously the acting out communicated something to the attentive analyst; but the notion that communication was a primary motive was doubted. Questions about the instinctual discharge in acting out were raised hard on the heels of the search for motive. Was it aggression or libido that was discharged? In what combination and permutation of the drives did discharge occur? Certainly acting out was related to communication, either serving it, or as a substitute or avoiding it! Was it a resistance that served the purposes of the analysis or did it serve to defeat analysis and the analyst? Does it belong specifically to analysis and is it produced by it or is it a part of the patient's regular and usual pattern of behaviour? There was, of course, no disagreement about the discharge aspects of acting out even though the answers to these questions varied and sometimes seemed contradictory. The idea that it was a resistance was expressed in several different ways, some of which attempted to reject and remove the pejorative elements of the term, since acting out is a consequence of the resistances, a specific subform of enactment of impulse from within.

Though more time was spent on the instinctual aspects of the subject, the ego was not neglected, though the specific mechanisms of defence involved in acting out were not dealt with in detail. Identification, projection, projective identification, denial, avoidance, and isolation were implicated as pertinent and specific in acting out. Of great interest to the group was the subject of the need which the chronic actor-outer was said to have for an object. That need was elaborated in descriptions of the cry for an object and the hunger for it, the attempts to deny a deep-seated sense of loss, helplessness, and abandonment, and the sense of objectlessness for which the acting out is considered an attempt at restitution and a defence. In this connection too the need of the actor-outer to have a co-actor was mentioned; one with whom he is interchangeable, with whom he may be able to reverse roles and thus to exchange and shift the active-passive aims of his behaviour. Many found common ground with Grinberg in such considerations.

Not only were the defensive operations of the ego brought into the discussions, but questions were also raised about the nature of the distortion of the ego, if distortion there was. A strong plea was made that we needed to know the nature of the ego disturbance; while one suggestion was made that perhaps "acting out" may be considered as a reflection of an incapacity to form particular defences; or simply an abortive attempt at defence which fails to achieve the obsessive-compulsive mode of functioning in favour of an instinctual discharge.

In the course of the exploration of the dynamic aspects of acting out, the following definition of acting out suggested by Moore was partly explored: "The essential feature of acting out is the transference fantasies. Stimulated by a current situation but related to an earlier psychic event not subject to recall, the fantasies contribute to conflict which is resolved by the projection of self and object representations into an external object in a concretistic way with re-enactment of the unconscious ideational content in a dramatic, screening fashion."

To aid the process of definition we were reminded of Fenichel's description of acting out as a cohesive piece of behaviour, not experienced as bizarre by the patient, an ego-syntonic repetition of a piece of the past in a distorted form as a wish-fulfilment, while only the analyst considers it strange.

It was emphasized that perhaps the most important question could not be answered. Why does a given patient choose acting out as a way of resolving or expressing conflict? Who is it (it was asked) that would rather enact than think? Why the choice of acting and not thinking? Why discharge instead of delay? Both oedipal and preoedipal conflicts are expressed and are involved in acting out so that the conflict cannot be used as a criterion for differentiation and for answering the questions about the choice of symptoms and methods of discharge.

(iv) *Technical Considerations:*

There was not time to explore the technical problems which were mentioned briefly (though several times) in connection with reassurances that acting out is "not so bad", and that "there is no ideal patient as there is no ideal analyst". A patient who does not act out is not a patient and may be in "absolute resistance". It was in relation to such thoughts that we heard the advice to "pick out the neutralizing aspect of acting out". It was suggested that it should be understood and interpreted from the positive, integrative aspect of the act, i.e. that it is a substitute and avoids the direct expression of impulse. In the very last moments left for the meeting the very provocative question was raised about whether different therapeutic techniques will be used if one understands acting out from the point of view of the ego and defence or understands it from the point of view of the id and the discharge of archaic infantile fantasies. "What is it then that the patient is told and what does he understand when he is told?" It was unfortunately impossible to pursue these questions.

In his formal discussion, Moore gave a clinical example as an attempt to portray that prior to analysis his patient had a specific neurotic pattern which was ego syntonic. In the analysis a suggestion of the analyst precipitated his behaviour in the transference. Moore believes that his clinical illustration and his definition are consistent with Anna Freud's description of the concept of acting out, while it also differentiates neurotic behaviour-patterns from acting out. He offered a definition of acting out as a way of contrasting that concept with dreams, psychosomatic states, etc., thus to show that though it is not easy to differentiate between acting out from neurotic behaviour and perversions, that it nevertheless can be done. Moore thereby reconciles his definition of acting out with Grinberg's discussion, showing that Grinberg's description uses body function as a model for psychic functioning. Moore's opinion is that what was corrected by the therapy of Grinberg's patient was a ready tendency to displacement. Moore agreed with Grinberg's emphasis that an object relationship is indispensable for acting out. Though Moore wishes to differentiate between acting out and psychosomatic states as well as dreams-while-waking (which were all brought in relationship to each other in Grinberg's paper), he finds ways of translating Bion's and Grinberg's ideas about the need for an object, the need for projection and finding a so-called container, into his

own concepts about object need, individuation, and identity as similar and compatible concepts. Thus, some of the differences in point of view are rendered more apparent than real.

The time required in resolving differences in description and conceptualization precluded picking up the hints from Anna Freud about the importance of the economic and topographic concepts for differentiating between thinking, repeating, memory, and acting out, differences which are crucial to the theory and techniques needed for understanding and dealing with acting out. Additionally we could not spend enough time to explore the interesting question of whether acting out contains a fantasy, a memory, or even none of these things, but rather an absence of memory and fantasy and simply an archaic instinctual impulse-derivative with an insufficient relationship to fantasies and memories arising out of defective experiences or of some ego lack.

This report must be concluded with the thought that despite the remarkably good exchange of information and ideas we still have the need for a more specific dynamic understanding of the term acting out.

Spanish Language Section (A. González)

Garbarino opened the discussion by suggesting various points concerning acting out that could serve as a basis for the discussion: the historical development of the concept, a definition of what is meant by it, the different hypothesis concerning the phenomena it embraces as seen from a descriptive and from a metapsychological point of view.

Throughout Garbarino's presentation, we had the feeling that the remarks about the relationship between acting out and the transference, as it appeared in the analytic situation, were most pertinent since they referred to acting out as against remembering and thinking which is the result of secondary process activity. He also pointed out the existing discrepancies concerning the genesis of acting out. Some authors for instance, insist that it is caused by internal conflict, while others say that it depends on the relationship with external objects.

The group felt that the first step to be taken should be to try and outline a definition of the concept of acting out. A discussion followed on the importance of the points of view contained in Anna Freud's paper, particularly those which dealt with the extension and characteristics of the field covered by the term. The historical revision was considered of great value.

This in turn led some of the discussants to consider the usefulness of restricting the term acting out to those situations arising within the analytic process. Others went still further and thought that the concept should be extended to all actions in which there appears an insufficient working through in the sphere of verbal thought.

A remark was then made in the sense that the term acting out should not be envisaged exclusively as a negative form of action. At this point the group brought up the existing relationship between acting out and the psychotic parts of the personality. When acting out is the result of the projection of psychotic parts of the self into external objects, it is then a psychotic acting out. This concept was not shared by all present. In connection with this topic there arose discussion as to the possibility of differentiating between what could be psychotic and neurotic acting out.

Reference was made to the fact that the official presentations by Anna Freud and Grinberg, could be considered complementary in some of the areas covered. In this connection it was remembered that as early as 1936 Freud had laid the foundation which allowed the evolution of the concept of acting out to reach its present formulation.

Following this trend of thought, it was said that important concepts had been introduced by Grinberg

which established the relationship existing between the subject and a containing object which takes in what is evacuated by the subject during the acting out. Reference was also made to some of the other ideas formulated by Grinberg in his paper concerning the need felt by the self to be rid of unwanted emotional contents through projective identification which acquired an unusual intensity in acting out.

The genetic factors of acting out were also taken into consideration. One of the discussants expressed the idea that the deficit in the operation of the repressive process, is partly responsible for the coming into operation of the mechanism of negation, and that acting out would then depend on what is being negated and not on what is being repressed, since, as he thought, repressed material does not have access to motility whereas what is negated does. Disagreement arose in the group concerning these ideas.

Emphasis was then laid on Grinberg's concepts referring to the importance of the primary external object and its capacity or incapacity to assimilate the projected material of the child and give it back to him in a way that could in the future be handled by secondary process activity such as, for instance, rational thought.

The importance of the deficit in the working through of the mourning processes during the different developmental phases was also considered as an important motivation for acting out. Reference was also made to the fact that acting out does not occur when repression and certain obsessive defence mechanisms are present. The explanation for this was given in terms of a higher degree of working through, historical background and therefore differentiation between direct and indirect in the said mechanisms and in repression. This in turn coincided with Grinberg's ideas on the concept of the existence of obsessive mechanisms of an adaptive nature.

The theme that recurred during the session had to do with the need to make the concept of acting out as precise as possible. In relation to this topic, some people thought that Anna Freud had mainly concentrated on the historical side of the question, whereas Grinberg had dealt with the problem mainly from a dynamic and economic point of view, since he considered acting out as a process which drained the ego in a most irreparable way.

The importance of a containing object was stressed once more as an expression of the characteristic type of object relation which is present in acting out, and which consists of the need, on the part of the subject, to look for an external object that will contain and metabolize the projected material.

The last topic to be dealt with, and which aroused great interest, was the fact that dreams and acting out keep occurring in inverse ratio to one another, that is, the more dreams, the less acting out. It is worthwhile mentioning that this was one of the points that both official presentations had in common. Some of the participants who had done research on dreams were of the opinion that the concept of evacuative dreams was of utmost importance and could be integrated with previous theories that traumatic situations played a definite role in the production of dreams. These ideas were substantiated with different examples from recent research on dream activity. One of the examples given was the interesting fact that in the sleepwalker there is an absence of the eyelid flutter characteristic of normal dreaming.

In closing this report, I would like to take up some remarks made by Anna Freud in her presentation. One of them is that when daydreaming takes the place of acting out, we can consider there has been an improvement; and another, that it is up to the analyst to squeeze back acting out into memories, that is into the past. I also want to quote the final words of Grinberg's paper in which he states that "acting out is a dream that has never been dreamt". There is something in common with the assertions made by both authors which I hope will be applicable beyond psychoanalytic practice so

that not only the analyst but mankind in general will be able to "squeeze back" into the realm of thought, fantasy, and dreams, the massive acting out which seems to be overrunning the world at present.

German Language Section (E. Heilbrun)

In her opening paper Mitscherlich-Nielsen differentiated between acting out outside of, and seemingly independently of, the psychoanalytical situation and acting out within the psychoanalytical situation. The first serves more the living out of unconscious conflicts and is therefore less reality-orientated. How far such an acting is purposeful and not only symptomatic depends on the relation between the reality situation and the subjective conflicts. The more the reality principle overweighs the part of the subjective conflicts, the less symptomatic the acting out will be. The dramatization necessarily connected with acting out is in any case tending to the symptomatic side. On the other hand, too strong an inhibition of dramatization can hinder the process of learning by trial and error.

Acting out within the psychoanalytical situation is necessarily part of the transference, whether it is directly connected with the person of the analyst or shifted to other persons. Acting out can also be seen as a manifestation of impulses liberated from defence mechanisms. By acting within the analytical session the patient sometimes tries out impulses in a useful way; mostly, however, this sort of acting out is a disturbing factor. Mitscherlich quoted Freud's 1914 definition of acting out as repetition instead of remembering and working through. Acting out is therefore to be seen as a form of resistance. It contains at the same time information about early infantile conflicts which can be interpreted. The conflicts of preverbal phases of development tend especially to be acted out. Mitscherlich quoted Greenacre who pointed out the importance of the second year of life: if the beginning verbal communication is inhibited, the motoric system takes over the expressive functions. A relative variety of acting during analysis seems to be unavoidable because an essential part of the analysis consists in the reactivation of repressed and denied memories, and because the preverbal part of them can only appear in acting. The more easily the patient experiences his acting as strange to his ego, the more benign it is. If acting is experienced as being congruent to the ego, it is much more difficult to grasp it therapeutically. Ego-congruent experiences do not awaken any desire for change. It is evident to every analyst that every acting should be interpreted. Non-analytical methods of mastering acting out have to be reserved for cases of extreme emergency.

Acting out frequently modifies the respective memory into a wish-fulfilment in a way similar to that of dreaming. The degree of acting usually corresponds to the intensity of traumatic early childhood experiences.

Mitscherlich quoted Anna Freud who described acting within the analytical situation as an increase of transference by which the patient tries to escape the strict analytical procedure. Because the impulses as well as the forces of the ego-organization come to an expression in acting, it is of special importance to understand the relation between id- and ego-derivates in acting.

Mitscherlich stated (quoting Fenichel) that neurotic acting gives partial satisfaction to impulses which have been under ego defence. Three ways are possible in which the patient can experience his acting: momentary relief, guilt, or anxiety. Finally, Mitscherlich differentiated habitual neurotic acting and isolated symptomatic actions. The latter occur particularly when the acting serves the defence against unconscious guilt feelings. A certain neurotic superego activity sometimes forces a patient to transform his actions into unconscious self-punishments. Here, acting out represents the well-known aggression against the superego. Mitscherlich

illustrated with several examples particularly the self-destructive acting out by way of the transference: patients who hurt themselves as revenge against their (transference) parental figures.

In the following discussion two approaches to the problem were appearing:

(i) the theory of acting and the definition of the basic concept; and (ii) the practical handling of acting. Kohut, Anna Freud, Eissler and others pointed out that acting represents a rapid break-through of infantile impulses in a repetitive way in contrast to the slow working through of the impulses under the control of the ego-functions of remembering, verbalization, integration (primary process, secondary process). In this context Loch mentioned the not-sufficient internalization of the earliest objects; he stated that this lack hinders the synthetic ego-functions so that the individual has to hang on to outer representations of the missing earliest object. In opposition to that Anna Freud said that the lack of synthetic ego-functions is not involved but the lack of remembering and of the integrative functions of the ego. From here the discussion went to the basic concepts. Firstly normal self-expressing action was contrasted with symptomatic acting. The latter was defined as a lack of ego control and ego integration which lets bypass early conflicting impulses without remembering. In this context Kohut stated that the basic concept of acting out has become vaguer but deeper. This vagueness was criticized by Spertling who pointed to Freud's clear definition of acting out as always a self-hurting process because of its alienation from the ego.

In the middle between the theoretical and the practical lines of discussion stood the remark of de Boer, that psychosomatic symptoms can be regarded as a form of acting out. This proposition was opposed from several sides.

The practical approach was at first concerned with the differentiation between "acting in and acting out". Furthermore, the difference between acting and symptom was seen in the role of the transference which dominates acting in the narrower sense (Lampl-de Groot). Solms, Eissler, and others discussed the acting within the analytical situation. Even minimal actions (whether motoric or verbal) in relation to the analytical process or the analyst should be interpreted immediately. Eissler mentioned that acting in any way endangers the therapeutic process. Anna Freud, however, meant that only stronger motoric acting contains this danger but as acting belongs in its repetitive function to the transference, it can often be useful for the understanding of unconscious material. Then it was discussed whether immediate interpretation of acting is advisable. It was found necessary to interpret immediately any gross motoric acting; behaviourisms ("language of the body") can be treated with more reservation.

Mitscherlich, Simenauer, and others touched on the fact that ego-congruent behaviour can appear within a different cultural structure as acting without being so. And from here came the warning (Eissler) not to stretch the concept of acting too far, because then even a success in life could be seen as a form of "acting".

Parin pointed out that this discussion had shown how fluctuating the concept of acting is. In any case the struggle between ego-functions and early repetitive impulses was shown to be the central factor.

French Language Section (J. Laplanche)

The discussion of the French-speaking group opened with a paper by Rouart on "Acting out and the psycho-analytical process". Rouart clearly drew a distinction between acting out as a clinical and psychopathological phenomenon and acting out as a transference. He said that Freud, at any rate at first, distinguished between

recall and all the phenomena of action and transference. These phenomena he saw as resistance to therapy.

It is therefore necessary to find the relationship between acting out and the therapeutic process. One might well ask if the nature of the material available—oedipal or pre-oedipal—is as important as some pretend in the determination of acting out. The earliest experiences might be presented in the symbolic language of dreams, just as what is connected with oedipal period can be acted out. What is important is the dynamic significance of what is acted out in the therapy and the resistance. Bringing acting out into relationship with transference also raises the question of whether, like transference, acting out cannot be looked at in another way and thus, from being open resistance, become a useful tool. That, Rouart reminded us, is the tendency in some kinds of analytical psychotherapy, which emphasize the cathartic value of acting out and its functions of discharge and abreaction. But this is where the apparent comparability with transference is deceptive, as the birth of analytical techniques shows. The latter do not continue the method of catharsis but constitute a disengagement in relation to the abreactional reliving. Acting out is certainly in line with transference, but it is a transference that comes up against the very condition of the therapy, where the only act is to talk. Transference may be acting, but acting out appears as an interruption of the process, an interruption by the subject, and sometimes the result of mistake by the analyst. Finally, Rouart sketched out some views which put acting out in analysis into a wider perspective. In the beginning, and outside analysis, transference is made through actions. It is owing to the analytical process and rule that this transference, understood in the larger sense, becomes capable of recall and working through (*Durcharbeiten*). Acting out, as the third phase in the process, appears to revert to a pre-analytical mode of transference.

Rouart's contribution emphasized the point that acting out cannot be brought into perspective or understood from psychopathological phenomena such as impulsiveness or, as it is called in French psychiatric parlance, "passing to the act" ("passage à l'acte"). Baranger (Buenos Aires) and Nacht both underlined this point. The latter insisted on the relationship of acting out in the analytical situation and indicated that acting out, coming as it did from a state of tension which was regarded as without relief in analysis, could be avoided through a good and permissive relationship between the subject and the analyst.

The rest of the discussion was limited to acting out in the analytical field and in its relation to transference. Yet even here uncertainty reigned. Should a distinction be drawn between acting out in the course of the hour of analysis and that which took place at other times? Should all actions that occur during the analysis be considered acting out, or only some of them, and according to what criteria? Here there is a difficulty over words. If, as appears obvious, any action can be brought into relationship with transference, it is, because of that, acting out, putting the transference into action. Segal introduced her contribution with the remark that the relationship of transference is relationship with internal objects, which are like the internal fount of any action. In this sense, action during therapy, or acting out that can be qualified as normal, is transference of the transference to the outside.

Yet a distinction should be drawn between this normal acting out and pathological acting out. Here Segal relied on Rosenfeld's distinction between partial or normal acting out and total acting out. Normal acting out permits the expression, development, and symbolisation of the transference. Total or pathological acting out has three characteristics: breaking with the analyst violently; attacking part of the ego, which is split, projected, thrown away; the existence of a reversal of the

situation, a reversal that Abadi defined as actively doing what one was afraid of becoming the victim, or passive object, of.

From the discussion that followed, it became clear that for Segal herself the terms partial and total acting out were hardly adequate. They were not in harmony with the distinction between the total object and the part-object since the process called total acting out called into play a destructiveness and other mechanisms that bore on part-objects (mechanisms called psychotic).

In fact, the terms total acting out refers to the danger of a total rupture of the analysis. But then one might well ask if the distinction between the two types of acting out could not be reduced to a value judgment: what the analyst judges good or bad for the analysis. This was the purport of certain remarks made by Loewenstein and Laplanche. Baranger also deliberately adopted this point of view when he gave acting out the value of a phenomenological description and introduced counter-transference: acting out was a certain moment when the analyst felt disturbed in his work by a threat from his patient. The analyst felt fed upon, infested, by his patient. Kestenberg further emphasized this aspect of countertransference. Acting out was experienced by the analyst as a challenge he was often tempted to respond to, either by trying to change what he felt was an injury, or in finding himself guilty. From Baranger's point of view, and probably also from Segal's the distinguishing feature of total acting out which enabled one to pick it out, if not to understand it, was countertransference. This concept was not subscribed to by other participants.

Loewenstein and Diatkine emphasized the psychological postulates which were implied thereby. Psychic mechanisms were treated like real mechanisms. Projection would really consist of putting the psychic "stones" one was getting rid of into the analyst's pocket, whereas actually it was only "as if". There were other objections, too, to the subjective appreciation of acting out as "bad". Lebovici (Paris) underlined the positive aspects of acting, above all in children. Loewenstein showed that even an acting out which interrupted the analysis was not necessarily bad—for example if the analysis had started off on the wrong foot. For Diatkine and de M'Uzan the importance of a piece of acting out lay in whether or not it was reported to the analyst. If it was it should be treated as a communication and not as acting.

While he agreed with this last point, Laplanche insisted that it was not possible to reduce the acting out—or its transference significance—to something which was done in order to be reported to the analyst. As something which was done, it could tend to bring about something irreversible. What has done and what was done to be told about are but two facets of acting out—and neither should be disregarded. Clearly, what was done to be told about—and *a fortiori* what was done during an hour of analysis—was more susceptible to the process of symbolization and working-through. Barchilon likewise stressed that an action had not only a motor aspect but also affective and ideational aspects, and thereby lent itself to a process of integration.

In conclusion, we should like personally to underline two factors that rendered the discussion on acting out uneasy. First, as regards both terminology and notion, it was on slippery ground, aggravated by the lack of exactly corresponding terms in the various languages (agieren, acting out, agir, action, passage à l'acte etc.). Thus, the English term "acting out" is used as it is in the various languages. This uncertainty means that everyone, according to his theoretical position and his wider or narrower knowledge of languages, forms his own, purely individual, notion. Second, the inadequacy of the psychoanalytical theory of action in general, in the sense that action is likened, purely and simply, to motility. Anna Freud has reminded us that Freud classed

transference with agieren. Does this mean that he saw in transference a sort of, or a promise of, muscular motility?

We should never lose sight of the complexity and special nature of the means of communication between humans. Of course, we know that a word is often an action or even an acting out, and that an action can be an eloquent communication. Diatkine even emphasized

that in certain therapeutic situations it was the refusal of the patient to decide to act which was the real acting out—and often the most disquieting. We are here a long way from the model of muscular motility or the mechanism called “reflex” on which we continue to live. But in this domain of action in general, have we a metapsychological theory which fits the facts?

PSYCHOANALYTIC METHOD IN PSYCHOSOMATIC RESEARCH¹

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Much of modern psychosomatic theory is based upon the contributions of psychoanalytic pioneers like Deutsch, Schur, Alexander, Dunbar, Sperling, Kubie, and Garma, as well as others. Ideas that originally emerged from their psychoanalytic treatment of medical patients have served to stimulate subsequent clinical and laboratory research by workers both outside as well as within the field of psychoanalysis. It is somewhat surprising then to find that the psychoanalytic method is no longer being used as extensively as it once was in psychosomatic research. This pertains particularly to the research of younger psychoanalysts, with a few notable exceptions like Knapp, Musaph, and Mitscherlich. This may in part be related to the fact that the recent "information explosion" in biology has led many behavioral scientists to place greater emphasis and higher value upon technological issues and quantitative methods than upon qualitative and more subjective methods like psychoanalysis. For the continuing development of concepts in psychosomatic medicine, this may put us in danger of "throwing out the baby with the bath-water." Since many highly generative aspects of theory in this field have arisen from psychoanalysis, the continuing use of this method (as well as others) will be needed for further clarification and development.

Perhaps the best way to preserve and renew interest in the role of psychoanalytic method in psychosomatic medicine would be to elucidate at the beginning its most serious limitations in respect to this field. Here it is necessary only to repeat Freud's (1900) often stated admonition that the psychoanalytic method is a purely psychological one; hence its data pertain to the mental sphere; and its theory has not and cannot very properly address itself directly to matters outside the psychological sphere—i.e., to matters pertaining to physiology and anatomy. Accord-

ingly, the psychoanalytic method itself, despite its unique and rich yield of psychological data, cannot elucidate the anatomical and physiological questions that are necessary for full understanding of the processes underlying the development of medical disease. Psychoanalytic data and theory must ultimately be apposed to and integrated with physiological data and theory in order to achieve full insight into these issues. It should be added, however, that its contributions can be extended indirectly beyond its own borders as illustrated by Freud's first model of the mental apparatus (1900), from which it has been possible and worthwhile to extrapolate and hypothesize physiological counterparts of mental phenomena. Such extrapolations or projections can contribute to the development of testable hypotheses that may be approached experimentally by physiological methods alone—or in combination with psychological techniques. In turn, data from such experiments can lead to re-examination, modification, and enrichment of psychoanalytic theory, as we are in fact witnessing in connection with some of the current research on perception, memory, sleep and dreams.

This paper has a twofold purpose. It aims first to identify some of the important concepts in psychosomatic theory that derive in large part from psychoanalytic work. Second, it attempts to sketch these concepts very roughly into the broader context of current psychosomatic research and to point up a need and perspective for continuing use of the psychoanalytic method in this wider context. Accordingly, the issues to be discussed have been selected for illustrative and expository purposes and are not intended to provide a complete inventory or review; and since they do not fit readily into any single theoretical or conceptual scheme, the topic headings are for expository purposes only and do not imply any attempt at systematic classification or ordering.

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*Selected Psychoanalytic Concepts in
Psychosomatic Theory*

Before proceeding to the next section, it may be well first to present a brief background overview^a of psychoanalytically-based concepts and observations that are relevant to the issues to be discussed.

Schur (1953, 1955) asserts that patients with active pathological somatization reactions demonstrate ego regression in several important respects. He emphasizes primarily alterations in the ego's capacity to perceive and evaluate certain dangers, and regression to extensive use of thought processes organized according to the primary process, as well as to the use of unneutralized energy in resomatized reactions to (mis-)perceived danger signals. I have proposed that alterations in level of consciousness may contribute by providing favourable conditions for the physiological mechanisms involved in precipitation and exacerbation of psychosomatic disease to be activated. For example, it is well known that serious medical accidents, such as stroke and myocardial infarction, frequently occur during sleep.

Clinical observations indicate that alterations in ego state are not total and homogenous; rather, they are uneven, partial, and limited to (split-off) spheres of regressed function. In most respects, psychosomatic patients display highly mature and adaptive ego functions, e.g., intelligence, memory, general reality-testing, synthetic function, etc. Defensive ego functions are also unevenly disrupted but, in general, regression to more primitive defences is seen with the altered ego state. This is particularly apparent in the ego's eventually unsuccessful attempts to master the external and internal pressures of the stressful situations that precede the onset of the clinical disorder (Binger *et al.*, 1945). Giovacchini's (1959, 1965) and Mitscherlich's careful clinical studies contain important observations on ego function in relation to development of psychosomatic disorders, and the endocrine consequences of failure of defensive function of the ego have been clarified in a number of clinical psychophysiological experiments, as will be discussed below.

Engel (1962) has emphasized the possible role of object loss and the reactive affects of helplessness and hopelessness as central issues in the ego reactions associated with serious medical illness. Schmale (1958), in particular, has studied and

emphasized the role of separation—real, symbolic, or threatened. These formulations serve to emphasize the importance of object relations and the variety of major affects which may be involved. In contrast, much of the previous literature had emphasized anxiety and activation ("fight-flight") states.

The preceding psychological issues are of a general nonspecific nature. They do not address themselves to the question of why individual patients develop one psychosomatic disease rather than another or, for that matter, a medical illness rather than one that is predominantly psychological like schizophrenia. Alexander (1943, 1950) and his colleagues have written extensively on the issue of specificity and have evolved a theory that postulates specific unresolved core conflicts and associated affects, with concomitant disease-specific physiological patterns of arousal. However, Alexander added a constitutional (perhaps genetic) predisposition to his conceptual scheme. At its present stage of development, then, his theory is a (linear) multiple-factor one which proposes specific necessary, but not sufficient, causes in both psychological and physiological spheres.

Mirsky (1958) further refined the Alexander concept. He identified what he believes to be the physiological (genetically-determined) condition necessary, but not sufficient, for the development of duodenal ulcer; that is, the hypersecretion of pepsinogen into the blood. Mirsky postulates that this inborn trait, through its influence on the mother-infant relationship, may also play a central role in personality development and in determining the types of social conflict situation that will later be pathogenic for the individual in adult life. This, then, is a circular rather than linear theory—it suggests somato-psycho-somatic sequences rather than psychosomatic ones. It is supported by empirical data gathered in a study on duodenal ulcer by Weiner, Thaler, Reiser, and Mirsky (1957) in which independently studied psychological data were used to predict which, of a large number of potential ulcer patients (as determined by pepsinogen level), would actually develop the disease under conditions of basic military training. Further support is provided by the work of Dongier and colleagues (1956), and of Wallerstein *et al.* (1965), which suggests that the high propensity of the thyroid glands of some healthy subjects to incorporate I-131, may serve

^a This overview is quoted (with some minor modifications) from a recently published paper (Reiser, 1966).

as an indicator of potential vulnerability of these persons to later development of thyrotoxicosis; and that the psychological characteristics described by Alexander as belonging to patients with thyrotoxicosis are also encountered in those euthyroid subjects whose thyroid glands take up [131] at relatively high rates.

Grinker (1953), Deutsch (1953), and Schur (1953, 1955) also recognize and acknowledge the incompleteness of the psychological description alone, but tend to see choice of organ system as dependent mainly upon genic factors and/or early conditioning-like psychophysiological fixations, rather than specific physiological concomitants of well-developed affects, such as those encountered in the adult. In other words, they believe that specificity is determined by genetic factors or by early psychophysiological life experiences, which may have occurred at crucial developmental stages. As mentioned above with reference to Schur's work, more primitive and global affect states are postulated to occur when defences fail.

Sperling (1946, 1957, 1963, 1964) and Garma (1958), on the other hand, evoke more purely psychological mechanisms as determining the choice of disease, and conceptualize the physiological changes of disease as symbolic expressions and consequences of developmental experiences and the ego's attempts to master intrapsychic conflict. Deutsch, it should be noted, was impressed with the possible role of symbolic function and conversion mechanisms, but did not seem to feel satisfied with them as sole explanatory concepts. Engel and Schmale (1967) consider that conversion may at times lead to somatic disease, but that the disease should be regarded as a complication of the conversion, having no primary symbolic or defensive function.

Psychoanalytic Concepts Sketched in Perspective of Psychosomatic Research

Ego State

Schur's conceptualizations (1953, 1955) on the role of alterations in ego state in anxiety reactions and psychosomatic disorders can serve as an excellent first case in point. As mentioned earlier, he postulates complex regressive alterations in several aspects of ego function: (a) regression in capacity to perceive and evaluate danger; (b) return to extensive use of primary process thought; and (c) return to use of unneutralized (particularly aggressive) energy in resomatized reactions to (mis-)perceived and evaluated danger situations. The

first two, (a) and (b) above, dealing as they do with the formal aspects of perceptual, cognitive and thought processes, clearly belong to the mental sphere; and while they can and should be examined by a variety of psychological techniques, close study of Schur's formulations will make it clear that their further refinement and development will also depend heavily upon further psychoanalytic studies of patients with psychosomatic disorders. Of special importance would be the opportunity to collect data at the time of actual disease onset and during periods of exacerbation. On the other hand, concepts dealing with psychic energy, its relative state of neutralization and postulated paths of discharge are theoretical constructs that are not accessible to empirical test by the use of psychoanalytic method alone. Clearly, Schur's formulations suggest many ideas for combining modified psychoanalytic observations with selected physiological measurements during experimental manipulations of ego state (e.g., by hypnosis), or during naturally occurring fluctuations of ego state as in the sleep-wake cycle, and during varying life conditions, and in the course of development and maturation of the child. Such undertakings raise conceptual and methodological problems of their own that are beyond the scope of this paper. The main point that I wish to make here is that modified psychoanalytic techniques cannot be expected to yield psychological data of the same order as obtained from the psychoanalytic treatment process itself, which offers opportunity for a virtually infinite number of longitudinal direct observations and study in depth of the wide and constantly mobile range and variety of ego states that occur as part and parcel of the psychoanalytic process.

Symbolism and Specificity

In contrast to the previous discussion of theoretical and methodological matters, issues of mental content of patients with psychosomatic disorders come into the foreground here, particularly as encountered in the writings of Sperling (1946, 1957, 1963, 1964) and Garma (1958), who assign a primary aetiological role to primitive mental processes and mechanisms, such as symbolic representation and introjection, in the genesis of psychosomatic disorders. Alexander's theory (1943, 1950), on the other hand, views the physiological changes of vegetative neuroses as specific concomitants of chronic emotional states that originate in chronically active and unresolved unconscious conflicts.

Physiological changes of disease are not regarded by Alexander as being psychologically meaningful in any direct way, i.e., they are not regarded as expressive of the ideational aspects of the underlying conflict.

Clearly, there are important issues here that warrant more intensive study. The disagreement may in fact revolve mainly around problems of selective emphasis in interpretation of psychological data. Conflicting ideas about the extrapolations into physiology are, for the purposes of this essay, less important since they are not accessible to solution by psychological techniques alone. They may even cloud the issue by leading to interpretive over-emphasis of one or the other aspect of the psychological data. (Incidentally, this highlights a major methodological problem in psychoanalytic research—i.e., the problem of data reduction and interpretation in research on phenomena that are complex and overdetermined, as in the case of mental events and behaviour.) Many psychosomatic investigators feel that the highly rational appeal of Alexander's distinction between hysteria and vegetative neurosis may have led to premature total rejection of the possible role of symbolic conversion mechanisms in psychosomatic process. I cannot imagine that it is variance in the "raw data" itself that is responsible for the disagreement, but rather the interpretation. Symbolic representation of disease process is regularly and abundantly encountered in the mental productions of psychosomatic patients. The question is whether they precede and lead to disease through conversion mechanisms, or whether they are psychic elaborations after the fact. This question may well be incapable of final resolution by retrospective study of patients who have already developed disease. But this problem constitutes a relative rather than an absolute limitation of the psychoanalytic case study method. We are in need of additional detailed, sophisticated, and refined multi-dimensional observations on aspects of mental content, such as symbolic representation and primary process thinking, that are so abundantly provided by this particular method. In fact, it should be possible to assess the relevance of psychoanalytic findings more realistically as its limitations are more fully explicated and taken into account.

Adaptive Balance—Conflict and Defence

Another very important set of issues has to do with the relationships between psychic

mechanisms subserving psychological and social adaptation on the one hand, and physiological mechanisms subserving homeostasis on the other. It is now quite clear from the work of Friedman *et al.* (1963) and Wolff *et al.* (1964) that there is a reciprocal relationship between the effectiveness of ego defences and the level of adrenal activity under chronic sustained stress. The studies of Sachar *et al.* (1963) and, more recently, of Bunney and his co-workers (1965) and Knapp *et al.* (1964, 1966), all show that in situations of acute psychological decompensation there is a reciprocal relationship between the effectiveness of ego defensive operations and the level of adrenal cortical and medullary hormone output. In regard to psychophysiological balance, effectiveness of ego defences in this reciprocal scheme refers to their effectiveness in containing conflict—more specifically, their effectiveness in preventing occurrence of painful affects. Psychotic mechanisms have been found to be as effective in containing conflict as are more socially adaptive (healthy) ego manoeuvres. There is special need for further studies of psychosomatic patients to specify and delineate which ego functions remain relatively intact all the time, which are more or less continually compromised, and which are only affected in times of stress and defensive crisis (i.e., are ordinarily autonomous, but drawn into the conflict sphere when defences fail).

Further, in regard to adaptation, there is need to distinguish between those defensive ego functions that subserve intrapsychic equilibrium and those ego functions that are mainly concerned with maintaining equilibrium in interpersonal relations and the social field (i.e., coping mechanisms). It will be important to clarify and "tease out" distinctions of this nature in order to unravel some of the presently inscrutable relationships between physiological and psychosocial integrity, and between occurrence of neurotic, psychotic, character, and psychosomatic disorders. Here, again, the indications are clear for detailed and careful psychoanalytic case studies of psychosomatic patients, particularly as they experience and recover from exacerbations of illness. The psychoanalytic method stands alone in providing unique opportunity for repeated and continuing direct observation of patients' full repertoires of ego defences as encountered in the transference neurosis; and for observing transitional and shifting defensive operations, as well as other (e.g., physiological) events that may occur as the result of inter-

pretive attempts to modify or interrupt them. Simultaneously, autonomous ego functions, such as cognition, perception, etc., can be observed especially for changes in efficiency and for changes in status *vis-à-vis* the conflict-free sphere.

Reaction to Object Loss

The work of Engel and his collaborators (1956, 1962, 1967; Schmale, 1958) has focused attention on the role of separation and object loss with their attendant affective components in the genesis of medical disorders. Most important, Engel has called our attention to the fact that all previous psychosomatic theories focused in their physiological aspects on activation (catabolic) states that prepare for "fight or flight." He now raises the possibility of a biological response to an unsatisfactorily handled stress that is of an opposite nature—i.e., a conservation-withdrawal pattern that may primarily affect anabolic functions and facilitate pathogenesis in a nonspecific way. There are issues here of definition and conceptualization. From a psychological point of view, the relation of the affects described by Engel and le (1967) as helplessness and hopelessness to grief, sadness, etc., are not yet entirely clear to all readers. Likewise, the relation of "giving up-given up" reactions, as described by these authors, to natural grief and mourning, and to pathological depression requires further clarification. It would be important, too, to clarify the relationship of "helplessness-hopelessness" to Bibring's description (1953; Rapaport, 1959) of a deep-going sense of ego inadequacy, helplessness, and low self-esteem as the core (essential) ego experience underlying depressive illness. Engel and Schmale's formulations derive for the most part from psychoanalytically-oriented, but briefer observational techniques. It would be most important then to examine data from

psychoanalytic studies of appropriate patients in order to extend our understanding of these issues and to clarify any conceptual distinctions they may be discernible. These issues rest on clinical phenomena that are mental and can be approached by purely psychological techniques, without direct influence by or on a postulated physiology of conservation-withdrawal, which, in fact, poses questions of a different order, requiring different techniques of investigation.

SUMMARY

This paper has presented discussions of some selected issues in psychosomatic medicine with the purpose of pointing out the need and rationale for a replenished supply of fresh psychoanalytic observations of patients with medical disease. An attempt has been made to frame these discussions with the perspectives of contemporary psychoanalytic ego psychology and psychosomatic research in mind; but it has not been possible to provide more than the briefest allusions to ways in which some of these questions are being approached by other disciplines using other techniques. Nor has it been possible to consider the very complex questions that must be worked through in attempting to interpret psychoanalytic data within a broader biological context, or in attempting to combine classical or modified psychoanalytic method with methods of other disciplines in research. The answers to these critical questions will, of course, take much time, but in the interim, it is important for psychoanalysts to continue to contribute observations that are unique to the method, and to work toward clarification of the significance and relative fit of these observations within the wider context of modern behavioural science and biology.

REFERENCES

REISER, M. F. (1966). "Toward an integrated psychoanalytic-physiological theory of psychosomatic disorders." In: *Psychoanalysis—A General Psychology* ed. Loewenstein *et al.* (New York:

(Int. Univ. Press.)

(See this 1966 paper for the other references, of which the allotted space does not allow a repetition here.)

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THE MECHANISM OF BI-PHASIC DEFENCE IN PSYCHOSOMATIC DISEASES¹

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We do not know the full extent of psychological influences that may be operative in a pathological process. But there is little doubt that the diseases in which emotional conflicts play a considerable or even decisive part by far outnumber those where this is not the case. Evaluations of the proportion of cases with emotional conflicts range from 30 to 80 per cent of all patients consulting a physician. It is strange, therefore, that only few psychoanalysts seem to be actively interested in psychosomatics. Quite often one hears, although it is seldom expressed in print in our literature, that psychoanalysis may be an adequate instrument for the treatment of psychoneuroses, but is of little use in the field of the organic diseases which are biological processes and as such fully dissociated from the emotional sphere. I do not believe that this view is in keeping with a modern concept of illness.

In the past two or three decades the small group of psychoanalysts who have undertaken systematic studies of the whole range of somatic diseases have come to some relatively specific hypotheses. It is remarkable that the views of the individual workers converge, and considerable contributions towards a metapsychology of psychosomatic diseases have been made. Other parts of this vast field, it is true, are still unexplored.

As a stimulus for our discussion, I wish to propose a hypothesis which I have called the *bi-phasic* defence. I shall try to explain how a psychoneurotic development paves the way and actually provides the essential preconditions for almost all kinds of chronic diseases which we have learned to recognize as being influenced by psychological conditions.

When looking out for pathogenic factors we have to keep in mind that while our psychosomatic model allows us to differentiate between "somatic" and "psychic" factors by applying clinical methods of observation, both groups

tend to form "complementary series", as Freud called them. The same is expressed in Engel's concept of "somatopsychic-psychosomatic disorders". Engel emphasizes that innate factors co-determine the emotional vulnerability of the individual and therefore play a part in psychoneurotic or psychosomatic processes. Thus, we are faced with "interacting variables". In his *Introductory Lectures*, Freud posed the question:

Are neuroses exogenous or endogenous illnesses? Are they the inevitable result of a particular constitution or the product of certain detrimental (traumatic) experiences in life? More particularly, are they brought about by fixation of the libido (and the other features of the sexual constitution) or by the pressure of frustration? (*S.E.* 16, pp. 346-7).

Besides the primarily psychic traumata some participation of a hereditary disposition paving the way for a pathological development may be assumed in psychosomatic as well as psychoneurotic illnesses. It is important, however, to locate as exactly as possible the place the pathological process occupies in the complementary series. What significance has an innate factor on behaviour as compared with the maturation of the instinctual and reality control? And how would traumatic experiences influence a character structured in such a way? And how do they combine? In short, what kind of experience can assume the quality of *trauma*?

I should like to stress that psychosomatic medicine obviously cannot exist without a specificity theory. But specificity in psychosomatics should be regarded as a dynamic interaction of variables—which admittedly adds to the complexity of our model. The aetiology of psychosomatic diseases always includes hereditary as well as socially structured elements.

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

The model of bi-phasic defence or, more specifically, bi-phasic repression, attempts to explain how the mental representations of a constitutionally determined increase or decrease of certain organic functions may assume the character of *specific pathogenic factors*. In this connection we recall Freud's statement that an emotional trauma is the more malign in its consequences the earlier it is inflicted upon the individual. It is therefore quite possible that in pathological tendencies having the appearance of constitutional dispositions, there may be concealed early traumata and their psychosomatic consequences (exceedingly unpleasurable experiences on the basis of endogenous biological processes, for instance, extraordinarily painful hunger sensations caused by hypersecretion of the stomach, tactile over-sensitivity, intolerance of food, etc.). Of these traumata, Freud states that: "they are all the more momentous because they occur in times of incomplete development." He compares them to "the prick of a needle into an embryonic germinal layer in the act of cell-division", resulting in severe disturbances of development. (*S.E.* 16, p. 361) Or, to speak in Schur's terms, the processes of "de-somatization" of emotional excitation are apt to be inhibited by early traumatic experiences, or there may be vain attempts at recourse to the characteristic infantile somatic correlates of affects—specifically the affect of anxiety—in cases of relatively trifling stress. The ego's power to neutralize energy is weakened.

We must, however, bear in mind that the act of regression will never recreate the original psychosomatic milieu as a whole, so that it is in fact impossible to make use of reactions which were characteristic, psychosomatically, for the first, second, or third years of life. Rather I suspect that the fantasied return to certain forms of satisfaction or defence that have left strong memory traces, has a pathogenic effect for the very reason that the organism is unable to make the required adaptation. The organism is unable to re-establish the biological correlates of the infantile affect. The compromise the organism has to find between the conditions of reality and the primary-process desire, is eventually effected in the form of a pathological distortion of functions. As a matter of fact, this is one aspect of the compromise only; other aspects are the much stronger, aggressive and libidinal potentialities in the adult and their autoplasmic effects.

Reiser (1966) has warned us that:

Incorporation of nonpsychological specificity factors into the general theory of psychosomatic illnesses has the potential drawback . . . of accommodating incomplete psychological understanding to incomplete physiological information.

From among the still unknown number of pathogenic factors our hypothesis of bi-phasic repression stresses the following: Diseases with clear somatic participation—to name such classical psychosomatic disorders as bronchial asthma, peptic ulcer, colitis—cannot become chronic unless there is an underlying psycho-neurotic structure dating back to a former stage of development. With this assumption we do not wish to deny that there is a complementary series of innate dispositions and traumata experienced by the individual in his object-relations—on the contrary, both these groups of factors are present and interacting in a specific way. Apart from extreme cases at the ends of the complementary series, we can say that chronic organic symptoms as a rule may be found in persons who failed in a previous attempt at resolving their conflicts on the psychic level—but already the conflict itself in its development was co-determined by the patient's innate disposition. The most satisfactory evidence for this sequence is still to be found in Mirsky's demonstration of congenital hypersecretion in probably all cases where a peptic ulcer had developed as a "somatopsychic-psychosomatic" disease.

Incidentally, there is a reference to the bi-phasic course of repression in one of Freud's later writings, namely in "Analysis Terminable and Interminable":

All repressions take place in early childhood; they are primitive defensive measures taken by the immature, feeble ego. In later years no fresh repressions are carried out; but the old ones persist, and their services continue to be made use of by the ego for mastering the instincts. New conflicts are disposed of by what we call "after-repression". (*S.E.* 23, p. 227).

Our observations started from that somewhat vague process of "after-repression". We propose that this after-repression does not only influence the psychological apparatus as such but can also result in autoplasmic changes of functioning of an organ or a physiological organ system (like peripheral blood circulation).

According to this hypothesis, chronic psychosomatic illnesses come about if the defensive process on the psychic level is no longer sufficient to keep up the equilibrium. Engel and Schmale are certainly right in their assumption that feelings of helplessness and hopelessness are momentous for the break-down of defences and the recourse to autoplasmic changes in the functions of organs. A question arising in this connection—which is still unsolved and to which there exists not just one but a series of answers corresponding to the place the observed pathological response has in the complementary series—is the following: Why does the reaction not consist in an increase of the original psycho-neurotic disturbance or a psychotic development?

As an illustration of such a bi-phasic defence I want to give a short account of a patient who is now 75 years old.

We saw him in the course of a project which is still under way. With the active support and cooperation of the Surgical Hospital at the university of Heidelberg, we are doing follow-up studies of patients on whom after a more or less prolonged pathological history, a gastrectomy was performed. These are patients who as a rule are never seen by psychoanalysts and whose sufferings are regarded and treated as solely organically caused. In our follow-up interviews we have tried to get a picture of the patients' personality, history, and the circumstances existing at the beginning and during the time of their stomach troubles becoming chronic.

To the unprejudiced observer the 75-year-old patient must appear as a well-adjusted man of bourgeois habits. He was a cook by profession. Up to the end of World War II he owned a restaurant. He did well, had many friends and acquaintances, was married, but had no children, owing to the incapacity of his wife to conceive, or so he said.

At first sight there was only one point of some pathological significance, namely his overweight during his thirties to fifties. Biographical data revealed that his obesity was due to excessive eating. The patient's appetite had always been enormous; he admitted having no difficulties in eating two chickens for lunch. Oral gratifications had been dominant all his life; he satisfied most of his libidinal wishes by eating, quantitatively and qualitatively. He also expressed affection by

means of oral gifts. For his wife who managed the restaurant from behind the bar, he used to prepare appetizing dishes before the rush of customers at lunch-time. One felt that he did not resent having spent his lifetime at the side of a childless wife, for as a child he himself had been one of many siblings and had to be content with his strictly apportioned share of food which never satisfied his great hunger. If the patient was angry for some reason, one of his staff placed a jug of coffee with milk within his reach. When he drained it his anger passed away.

In such a state of oral-libidinal fixation and oral-aggressive discharge, in these surroundings of immediate satisfaction of instinctual tension the patient spent many years, working fourteen to sixteen hours a day and nevertheless maintaining his emotional and somatic balance. Retrospectively one might describe him as one of those character-neurotics who succeed in harmonizing their neurotic needs to their environment. The patient was hardly ever ill and in particular had never any trouble with his stomach. This balance was upset by a trauma occurring in his fifty-fifth year. In the last weeks of the war, American troops occupied the town and ordered him out of his house and restaurant. The latter was converted into a mess. The patient reacted by a fit of unbridled rage, a true temper-tantrum, during which he roared like a lion, until he collapsed in convulsive weeping. Within twenty-four hours he was seized by violent pains in the epigastrium, and from then on he suffered from all the typical symptoms of disease of the stomach, with peaks in the spring and autumn. In the course of fourteen years this state gradually deteriorated, with recurrent ulcerations as seen by X-ray.

The patient was unable to relinquish his defiant attitude. He never set foot again into his restaurant, gave up cooking and retired prematurely on his old-age pension. Fourteen years later, in his sixty-ninth year, the patient was exposed to a second trauma, this time directed at the *anal* components of his character structure. His brother-in-law cheated him out of a considerable sum of money. According to his preformed oral character structure, his reaction was again temper-tantrum-like fits of rage lasting several days. Simultaneously his stomach trouble deteriorated considerably, the pains became permanent, the patient was very weak, no food agreed with him except milk. Twelve months later a gastrectomy was performed, with

the result of complete restitution to health.² From then onward the patient was free of symptoms. His emotional balance may have been fortified by an unexpected oral gratification. His niece, the daughter of that deceitful brother-in-law, invited him to help himself from her kitchen and cellar. This he does; every week he visits her to carry off provisions for his enormous appetite.

This case, indeed a model case, seems appropriate to show the functioning of the bi-phasic repression of instinctual needs that have grown dangerous. In a first phase, the patient succeeds in moderating his instinctual tension with the help of oral gratifications. With the exception of his obesity no serious disturbances are observable; instead, the patient develops what is called an oral character, with fixation of his emotional needs to oral gratifications. We observe the usual ego-split; on the side of control of instincts the ego remains weak and colludes with the id in infantile modes of satisfaction; on the side of adaptation to reality the patient's ego is sufficiently mature and well functioning. What is remarkable is the dynamic process of gradual specification of the defences, for instance the elaboration of a system of frequent oral-instinctual gratifications, underlying which we suspect a somatic factor, namely hypersecretion mentally represented as hunger.

Thus an organ which in normal individuals has only occasional and vague psychological representations, for instance in the state of prolonged emptiness or when well filled, in the case of excessive functioning may exert a specific and determining influence upon the character-formation. The id-ego relation is determined by an organ which is capable of exerting an importunate representation. In the second phase of defence, namely, under the threat of losing the system of gratifications, the organ is no longer represented in the mind as a carrier of signals (the signal "hunger"), but as a means for expressing helpless rage, when in consequence of this impotent rage the insatiable oral-aggressive needs are directed against the self. Here we have the elements for a chronic illness being established.

When the patient lost his nourishing business he reacted by an early-infantile fit of rage in which we perceive qualities of excitement the primary de-somatization of which was in-

hibited, as well as regressively re-somatized affects. But obviously there is participation also of an infantile anal structure. It is the anal traumatization which threw the patient into the second wave of helpless and hopeless resignation. His defiant attitude did not subside. He regressed, as mentioned before, to the passive, child-like attitude of one who is provided for by others: the pension he draws from the state and the food given him by his niece.

This case report may show that the outbreak and establishment of an organic disease as chronic is not without definite correlations with a previously developed character structure. In another of our running projects, we are trying to trace the aetiology of secondary amenorrhea in patients' histories. Here we observe that in one group of patients living in over-repressive surroundings, avoidance of primitive incestuous wishes plays a considerable role. The repressive mechanism is similar to that observed in the ulcer patient. In a first phase, the ego becomes organized under the pressure of terrifying superego prohibitions. Sexual perceptions are denied to a great extent, be it the awareness of the patients' own sexual needs or the existence of sexual phenomena in external reality. When the patient is confronted with the latter, for instance by coming upon an exhibitionist, this experience is so traumatic that sexuality must be totally denied, including the suspension of the cyclic function of the sexual organ in secondary amenorrhea. Here again we see that the hormonal disturbance which in these patients may be more vulnerable than in normal women, has acquired the character of a specific signal pointing to a danger to which the ego is incapable of adjusting other than by total denial.

Thus the process of "after-repression" is not only effective as a psychological defence mechanism, but it also interferes with and modifies organ-functions with the aim of protecting the ego against aggressive and libidinal dangers. Since diseases have a tendency to become independent and self-perpetuating in their role as substitutes for instinctual gratifications and under the influence of unsolved emotional conflicts, a new dangerous situation arises which I propose to call the *rupture of the simultaneity of psychosomatic processes*. Under the impact of some intrapsychic stress, biological processes are modified so that they are no longer

² This amazing outcome, which according to our observations is not a rare one, cannot be discussed in this connection. We have come to the opinion that this

post-operative freedom from pain is equally psychosomatically determined. We intend to discuss this question in another paper.

subjected to a central control of the organism, but are governed by the partial or local needs of some organ, irrespective of the requirements of the higher organization. Deformation by scars, restriction of endocrinological functions, etc. may lead to irreversible states. It would be an error to judge these states one-sidedly as being

caused by constitutional factors with detrimental outcome, and not to take into account that innate dispositions do not acquire specific pathological dimensions unless they interact with patterns of behaviour which were previously developed in the psychosocial context of early object-relations.

REFERENCES

REISER, M. F. (1966). "Toward an integrated psychoanalytic-physiological theory of psychosomatic disorders". In: *Psychoanalysts—A General*

Psychology ed. Loewenstein *et al.* (New York: Int. Univ. Press).

(For the other references in the present paper see the bibliography appended to Reiser's 1966 paper.)

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THE PSYCHOSOMATIC SHIFT THROUGH OBESITY, MIGRAINE, PEPTIC ULCER, AND MYOCARDIAL INFARCTION IN A HOMOSEXUAL¹

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I am going to report on the case of a homosexual, obese since childhood, who suffered from attacks of migraine from the age of puberty, peptic ulcer from about the age of 30 and who had a myocardial infarction when he was 35. Four years later, at the age of 39, he decided to undergo psychoanalytic treatment. As there is not time to go into each of these diseases, I shall very briefly take into account the latent contents of the obesity and the migraine and more deeply those of the ulcer and myocardial infarction. I was able to trace their origin through the patient's statements and fantasies revived in the transference-counter-transference situation as the treatment was proceeding. (Bastiaans, 1965.)

Obesity

B's obesity was determined by his oedipal castration anxieties and his regression to oral-digestive gratification which he obtained in the form of milk and farinaceous foods. In this behaviour pattern he showed a manic idealization of food with the deeper meaning of submission to his parents. His greed was the outcome of an unconscious wish to be stuffed by a mother or persecutory maternal breast in order to develop fat which would keep him immobile and imprisoned as though in the maternal womb. All this caused B to be homosexual, castrated and genitally, anally and digestively attacked by his internal father and even more so by his internal phallic mother (Garma, 1962b; Rascovsky, 1950).

Homosexuality and Migraine.

During puberty, B commenced his practice of homosexuality and his migraine (Garma, 1962a) appeared at the same time. He suffered from scintillating scotomata—organically caused by vasoconstriction of the occipital centre of vision—which had psychological contents and therefore represented hallucinations (Garma, 1959).

His defence mechanism caused his field of vision to be disturbed by these lights which were derivatives of his disturbing, passive homosexual ideas. He felt his eye, a displacement from his anus, to be penetrated by those lights. (The Spaniards have a very apt expression: "arse-eye" for anus.) The same disturbing homosexual contents were even more clearly manifested in his orbital symptoms. He felt as though a phallic iron bar was being pushed further and further into his eye-socket, again a displacement from his anus, until it would burst. And in the same way, the painful swelling of his head during migraine attacks was the organic expression of his mind full of painful thoughts of impotence and homosexuality, to which he was fixated. In short, in order that the punishable sexual act should itself be the instrument of torture, during migraine attacks his superego images, as though they were his active homosexual object, attacked him anally through displacements to the eye, the eye-socket and head. During attacks of migraine he both submitted to, and freed himself from, his persecutory external and internal objects by means of a painful mourning-like process in which he revived the special masochistic homosexual relationship he had with these objects.

Because he submitted to his persecutory internalized parents, B felt castrated. He was tormented by the thought that his penis was very small and impotent and he also felt the female genital organ to be terribly dangerous. This caused him to suffer from phobias; fruits such as peaches, with their furry skin and cleft curve, as well as soft furs and women's leather dresses gave him goose-flesh, cold shivers and a cold feeling in his stomach.

During the years preceding his ulcer his overtly homosexual behaviour became more

¹ Read at the 25th International Psycho-Analytic Congress, Copenhagen, July 1967.

frequent, and even more so before his infarction. The oral-digestive regression which had caused his obesity, caused his homosexuality to manifest itself mainly in the form of fellatio which as often interrupted before ejaculation. He rarely practised passive anal coitus but it figured frequently in his unconscious fantasies in which he was also anally damaged. He had never realized active anal coitus as he was impotent until he started analysis. Some of his homosexual objects were very cruel to him, while he tended to avoid the more pleasant ones by rationalizing that he did not want to intensify further their perversion.

Peptic ulcer.

When B was 27, a relatively pleasant homosexual relationship revived the intense sufferings of a previous one. He began to develop severe sialorrhoea after fellatio. This caused him to spit continually, as though to spit out the penis and semen which had been in his mouth. He also suffered from pain and something feeling hard in his stomach, and had "a bad taste around his back teeth, as of blood and metal". He was able to realize that this was caused by his feeling that both penis and semen were uncomfortably retained in his stomach, and that the penis was a knife which cut him and made his mouth bleed, once again a displacement from the anus, like the phallic bar in his eye-socket during migraine attacks. This bad taste appeared around his back teeth owing to his greed and aggressiveness towards the penis and even more so because of his feeling of guilt regarding his homosexuality, which he experienced as being bitten by teeth ("remorse" from *mordere* = to bite). The trauma of separation from his sexual partner was unconsciously felt like an actual tear in his mouth and stomach, which had become his libidinal organs.

He tried to calm these oral and gastric sensations by continually sucking peppermint sweets to make his mouth and stomach feel cool, i.e. the opposite of the sexual heat implied in sucking a penis. His ambivalence towards oral-digestive incorporation of the penis had previously appeared regressively in his excessive drinking and smoking and his eating highly indigestible food. This caused him to develop indigestion, gastric pain and diarrhoea. When he was 27, he thought he had vomited blood during a bout of drunkenness. However, not until he was 30 and after an intense digestive disturbance, with pain, diarrhoea and possibly

melaena, did his ulcer become visible on an X-ray. Shortly before this he had eaten lamb, an animal he hated because he considered it submissive and masochistic like himself. At this time, he was extremely disturbed because he had practised fellatio, when drunk, with another drunk who had no homosexual experience and who had reproached him intensely afterwards; and also because he was attracted towards another man who he correctly supposed would make him suffer.

Pathogenesis of the ulcer

B's ulcer, like his obesity, was caused by his masochistic oral-digestive regression. The regression caused B to attack his digestive tract unconsciously in situations of conflict. He did this by means of food and substances such as alcohol or tobacco which were harmful in themselves, or by cathecting other foods, such as the lamb previously mentioned, with negative psychic contents, and by spasms and increased chlorhydro-peptic secretion.

An important aspect of B's superego was a bad internalized mother figure who forbade him to eat good food, representing healthy genitality, and obliged him to eat bad food, representing his harmful homosexuality. These bad foods were substitutes for a persecutory breast which sucked, bit, poisoned and phallically attacked his digestive tract (Garma, 1958).

A brief example of this is to be seen in the following dream. B was coming out of a black building where he was suffocating and he was very uncomfortable because his mouth was full of round stones with teeth marks on them. The black building was not only frightening and destructive homosexuality, but also his maternal womb with himself as a foetus inside it. The womb represented his obesity, from which he felt he could free himself by genital activity, even though it was homosexual. In his dream, his mouth also symbolized his stomach; the round stones, on a superficial level, represented the glans of the penis he had sucked, which his guilt feelings made him retain psychologically in his mouth. On a deeper level, the stones represented maternal breasts which bit him, also with the purpose of inducing remorse. This was shown by the teeth marks, which were also an expression of B's voracious desire to possess his parents' breasts and penis.

B's digestive pain was caused by spasms and increased chlorhydro-peptic secretion. Although this was an increased digestive activity, B could

not permit himself to digest the real or imaginary food in his stomach because it represented the penis he felt so guilty about having sucked and the persecutory breast. To have been able to digest it would have meant to allow himself to be homosexual with no ill consequences. These psychosomatic reactions to his genital conflicts which manifested themselves in terms of an oral-digestive regression, were the cause of his digestive disturbances and his ulcer.

Why did B shift from obesity and a good digestion to an ulcer and digestive disturbances? It was due to a change in the level of his regression caused by his genital activity (Freud, 1905). From the time when he became obese and until his puberty, B had no direct genital contact and his favourite foods were of the milk and farinaceous kinds, i.e. the foods of the first phase of oral-digestive organization. As he became more adult and partly emancipated from his parents, his genitality progressed—although in the direction of homosexuality—and he preferred foods which belonged to the second oral-digestive phase, such as meat or similar foods. A baby begins to eat meat at a time when its genital instincts are more developed. For this reason meat is more connected with genitality, as can be seen in the double meaning of "the pleasures of the flesh" and the religious ritual separation of meat and milk, to cite but two instances (Aberastury, 1964, 1967). In order to digest meat, two things are necessary: teeth, which a newborn baby does not possess, and strong digestive juices; and these same juices make it possible for a person to digest his own flesh and cause himself an ulcer. The genital significance of meat and other indirectly connected foods caused B to eat them with greater ambivalence, as can be seen from his smoking and drinking, and the previously mentioned occasion when he ate lamb. B's digestive processes thus became as complicated and painful as his genital relationships with his homosexual love objects, which were regressively represented by meat and similar substances.

Infarction

When B was 32, one of his brothers-in-law died of a myocardial infarction and thus he revived his childhood memories of the suffering and death from the same illness of one of his grandmothers. At the age of 33 he took large doses of testicular hormone. This greatly excited him and made him feel the urge to move about continually, a feeling that did not disappear afterwards.

Until his infarction he idealized riding and spent many hours a day on horseback. He stated that the most virile occupation was that of a herdsman and he herded cattle to distant pastures. For B to be continually on horseback meant to experience active and passive homosexual coitus, which would only damage him slightly. It also meant flight from his persecutory parents and homosexual objects and the muscular elimination of his anxiety. Another determining factor was his identification with his parents, who had emigrated from far-away countries in search of a happier life.

At this time B found it easier to acquire new love objects, although they were always very complicated. At the age of 35, he broke down under genital and financial misfortunes. He felt depressed and destroyed, and in this state of mind submitted to passive anal intercourse for the first time in ten years, with an unpleasant man, from whom he feared he might get an infection. Thus, it was not surprising that he developed a sore near his anus while on horseback. It became infected and turned into a painful abscess which burst spontaneously a few days after his infarction. He refused to see a doctor about it because he was ashamed to report having had passive anal intercourse.

He was afraid a neighbour had found out that he had tried to seduce an adolescent and would tell people. He really feared, unconsciously, that people might hear about his having had passive homosexual intercourse; if they did, he said he would shoot himself in the heart. Although he was in pain, he made a very long journey to meet someone with whom he had previously had homosexual relations. He had three accidents on the way, in one of which his car overturned. When he finally met his friend, he had the terrifying thought that the latter was drunk and would tell everyone he was a homosexual. He then felt a "terrible fear and something like a freezing cold storm" and the great pain of the beginning of his infarction.

Pathogenesis of the infarction

What led B from ulcer to infarction? Once again it was his greater genital maturity which implied a progression in the level of his regression. In the period immediately preceding his infarction, B had become more independent of his family and more able to find love objects. He no longer reacted to conflicts by eating food which was bad for him, but by keeping continually on the move. This meant he was no

longer on an oral-digestive level of regression, but had progressed to the following level of anal sadism, in which the muscular system is important.

In the transference he repeated this change in his level of regression. In the course of a year he evolved from a first stage in which he spent hours in homosexual cafés, terrified of the police, smoking and drinking, i.e. a frankly masochistic oral-digestive behaviour-pattern, to a second stage in which he spent hours walking about railway stations, looking for homosexuals, in other words, moving about in a place where there was a lot of movement. With the idea of being able to go to a hotel if he met someone, he sometimes carried a suitcase, thus giving his amorous adventures the air of a trip. At the end of the day, his muscles would ache and he would be absolutely worn out, which corresponded, on his new anal-sadistic level of regression, to his previous digestive disturbances.

During this second stage of analysis, many of his dreams would symbolize genital activity, not by eating but by riding a horse, or driving a car, or similar activity (Kits van Heijningen, 1966). In fact, in some of his dreams, the level of his regression could be seen to correspond with his genital capacity. When he felt more potent, genitality would be symbolized by movement, such as horseback riding, and when he was unable to perform active coitus, there was a return to a mere regressive digestive symbolism.

His previous psychosomatic illnesses, migraine and ulcer, had begun with a cold feeling in his eye-socket and stomach, caused by vasoconstriction, which also caused his scotomata. Fruit and fur, which B felt to symbolize the female genital organ, also made him feel cold and gave him shivers and gooseflesh. And, at the beginning of his infarction, he felt "something like a freezing cold storm in his breast".

It may be supposed from the foregoing that in the genitally exciting and castratory situations which led to infarction, cutaneous vasodilation, caused by sexual excitement, must have made B's body feel hot, while vasoconstriction caused by his anxiety, made his penis impotent and cold. B himself compared the way he felt at the time to a hose closed at the end and filled with water at high pressure until it bursts. The stopped-up end was his impotent penis, which in the terms of his regression, became his heart.

We may briefly restate the pathogenesis of the infarction. Intensified and complicated genital

activity led to infarction precisely because of B's particular instinctual regression to the anal-sadistic level. This anal-sadistic regression and the anxiety both forced him in identification with the migratory aspects of his parents into intense muscular activity in which B's heart, a muscle importantly connected with movement and emotions, had acquired the significance of a penis. In other words, B's anxiety manifested itself as myocardial infarction because of the muscular component of anal-sadistic regression. Vascular disturbances constituted the mechanism used, because it was B's habitual reaction to conflictual genital situations, and had already manifested itself with the same castratory significance in migraine and ulcer, his two previous psychosomatic illnesses.

SUMMARY

The changes in the psychosomatic pathology of a homosexual were determined by modifications in his regressive level of sexuality, which in turn depended on the patient's capacity to face his genital conflicts. In early infancy, genital renunciation accompanied by regression to the first phase of the oral-digestive instinctual organization, which can also be termed his alimentary submission to his parents, caused him to become obese. After the age of puberty, this patient also suffered frequently from migraine which was caused above all by his feelings of guilt regarding his homosexuality which he felt to be very destructive. As he grew more adult and progressed towards genital activity, which was of a homosexual nature, his level of regression also progressed and reached the second oral-digestive phase. In accordance with this, his conflicts with his genital objects caused him to eat badly and to cathect food with painful psychological contents, which brought on digestive disturbances and a gastric ulcer.

At a later period, when he became more independent of his parents and more adventurous in his genitality, his regression advanced from an oral-digestive to an anal-sadistic level. In accordance with this, in situations of conflict, he no longer ate food that was not good for him, but undertook instead exhausting, muscular activity, and finally suffered an infarction of the cardiac muscle. Both organic lesions, his ulcer and his infarction, hold the meaning of genital castration, which owing to his regression took place in organs which had acquired secondary genital significance.

REFERENCES

- ABERASTURY, A. (1964). "La fase genital previa." *Rev. de Psicoanál.*, 21.
- (1967). "La existencia de la organización genital en el lactante." *Rev. Brasileira de Psicoanál.*, 1.
- BASTIAANS, J. (1965). "The place of personality traits in specific syndromes." In: *The Role of Psychosomatic Disorders in Adult Life* ed. Wisdom and Wolff (Oxford: Pergamon.)
- FREUD, S. (1905). *Three Essays on the Theory of Sexuality*, S.E. 7.
- GARMA, Á. (1958). *Peptic Ulcer and Psychoanalysis* (Baltimore: Williams Wilkins.)
- GARMA, Á. (1959). "Observations on the visual symptomatology in migraine." *Psychoanal. Quart.*, 39.
- (1962a). *Les Maux de Tête* (Paris: Presses Univ. de France.)
- (1962b). *El psicoanálisis. Teoría, clínica y técnica* (Buenos Aires: Paidós).
- KITS VAN HEIJNINGEN, H. and TEURNIET, N. (1966). "Psychodynamic factors in acute myocardial infarction." *Int. J. Psycho-Anal.*, 47.
- RASCOVSKY, A. *et al.* (1950). "Basic psychic structure of the obese." *Int. J. Psycho-Anal.*, 31.

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A MAJOR PROCESS OF SOMATIZATION: THE PROGRESSIVE DISORGANIZATION¹

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This work draws on my clinical studies of psychosomatic illness in adults and adolescents, to the exclusion of somatic disturbances in infancy and childhood. I shall describe a particular mode of somatization resulting from progressive disorganization. This topic will raise a number of psychoanalytical problems concerning some of our patients inside as well as outside psychoanalysis.

Progressive disorganization can be defined as the destruction of the actual libidinal organizations in a given individual. It partially corresponds to the Freudian concept of diffusion, and it is termed progressive since its retrograde movement is never blocked by any available regressive system. In most cases, disorganization ends in a process of somatization because it is pursued on the somatic level. I shall try now to circumscribe the complex viewpoint of nosography. Progressive disorganization selectively impairs people whose neurosis, if it exists, assumes the form of a character neurosis, of a poorly structured mental organization. It goes without saying that some psychotic structures have a similar bad organization, equally liable to give way to the process of progressive disorganization. I shall, however, concentrate for a number of reasons, on the neuroses.

By designating the poorly structured character neuroses as being the privileged domain of progressive disorganization, I intend to distinguish the so-called character neuroses, built as they are of character and behavioural traits, from the classical psychoneuroses which presuppose real libidinal organizations. They also differ to a certain extent from certain forms of character neurosis with a solid organizing nucleus, either neurotic or psychotic.

It should be stressed from the start that a number of well-constituted, socially adapted people are definitely in danger of succumbing to progressive disorganization. Thus, a clinical

incompatibility exists between progressive disorganization and neurotic regression; a particularly obvious fact in cases of well organized neurotic regression. In this instance, the disorganizing movement clashes with the systematized defences which succeed in stopping it completely. Theoretically, we assume that the most advanced libidinal organization—the Oedipus stage—is the best rampart against the process of progressive disorganization. Yet it is practically impossible to prove our point, since it concerns patients we do not come in touch with in our daily practice. We are then left with the fact that the best organized libidinal defences, especially if they correspond to recent levels of fixation, constitute the most effective barriers against disorganization. Therefore, if recent and strong fixations form these barriers, a hypothesis can be formulated that two fundamental factors prevent the individual from a possible disorganization in the future, i.e.:

(i) the hereditary determinism which, on the one hand, fixes the quantitative strength of the libido, and on the other defines a given qualitative structure;

(ii) the relation with the mother during the first six or eight months of life; this early relation determines the possibilities, the time, and the mode of actual fixations, as well as the possibilities, the time and the mode of later fixations if ever they occur.

My hypothesis states that progressive disorganization in adolescence and childhood selectively destroys the loosely organized structures in character neuroses with a sporadic and polymorphic symptomatology. Such a symptomatology usually comprises varied but fragile defence mechanisms and greatly differs from the psychoneuroses (obsessional neurosis or phobias with a definite phobogenic object), since the defence mechanisms belong more to behaviour *per se* than to any mental elaboration.

¹ Read at the 25th International Psychoanalytical Congress, Copenhagen, July 1967.

In order to assess how solid are the libidinal defences in character neuroses, one has to determine, in every given case, the underlying level of fantasy elaboration. For certain actions could wrongly be considered as acting-out, even though no preconscious fantasy animates them. Since on the other hand, character expressions could be inhibited, progressive disorganization remains a permanent menace. To avoid a possible confusion, I shall re-state the nosographical problem in more rigorous psychoanalytic terms. This would rule out some other process of somatization, more or less related to the topic of progressive disorganization. Thus, underlying psychotic as well as neurotic regressions a disintegrating movement is invariably present. Nevertheless, the decisive factor lies in the continuous or relative nature of the retrograde movement.

Similarly, I shall not include in my study the group of primary allergic patients whose allergens mainly derive from endogenous sources. For they seem to have a very particular personality structure, not only archaic but presumably determined before birth. Superficially allergic patients have something in common with the classical psycho neurotic patients; yet we find that allergic patients differ in their fixation to very early and partly somatic phases of development.

The same holds for patients who are roughly classified as "hysterics", in spite of the fact that they tend to resolve their conflicts through external action, unaccompanied by any manipulation of unconscious fantasies. The pathological attack is then sustained by the somatic functions which restore a mode of relationship characteristic of the first months of life. What I have in mind is the pregenital conversions such as certain syndromes of the sensory-motor system and of the two extremities of the digestive track.

We can then assume that a psychosomatic regression is fundamentally similar to neurotic regression as far as allergy or pregenital conversion are concerned. In both cases, preorganized systems or types of psychosomatic fixation can put an end to the retrograde movement and restrict the libidinal waste. Obviously, I set aside the case of conversion hysteria which belongs to classical psychoanalysis, on account of its regressive libidinal organization, and of the particular repression that promotes it. Moreover, we should disregard certain "functional" somatic symptoms which pertain to neurotic

regressions as well as to the topographical regressions of the Oedipus organization. Thus, in some common psychosomatic "cephalgias", a provisional pathological mechanism of a somatic nature interferes to restore a state of equilibrium which cannot be realized through the familiar process of libidinal regulation.

In this long nosographical paragraph I hope I have defined the field of progressive disorganization in relation to some other processes of somatization. I shall now return to progressive disorganization in order to outline its proper movement. Generally speaking, progressive disorganization makes its appearance in adults and adolescents in the form of a vague character neurosis. It is set in motion either by an external emotional trauma or by an endogenous cause. In either case, however, the trauma is experienced as a narcissistic wound, which incites the subject to give up one of his emotional interests, to abandon a whole area of his psychic or behavioural life. This would result in the interruption of a given cathexis, counter cathexis, or a sublimated activity. The cathected libido could be of a narcissistic or of an objective origin.

It is relatively frequent, in the polymorphic and blurred character neuroses, to observe such an economic sequence where a whole area of thought or activity is impaired. There is a radical difference with the post traumatic psychoneuroses since the subjective ties in this case are submitted to regression and yet both narcissistic and objective relationships are intact. However, the original feature of progressive disorganization is this: following the break of a first emotional tie, a chain reaction gradually leads to the rupture of every emotional tie. What we witness then is a general de-cathexis of all libidinal areas. Such a progressive and deep destruction produces a particular state which I have termed "essential depression". It is essential because it contains the very essence of depression, namely, the general disappearance of libidinal tension uncompensated by any positive economic counterpart. In essential depression neither the classical regressive mechanisms, nor any libidinal tie of a neurotic, psychotic or sublimatory nature, are found. There is moreover, no sign of the anxiety, guilt, or sado-masochism which are present in other kinds of depression. The patient loses interest in life which seems empty to him. We are not dealing here with a masochistic withdrawal or with a massive depression, but with a generalized disorganization.

Thus progressive disorganization removes the delicate libidinal systems which precede it, giving way to the functional destruction of the subject. The unconscious becomes practically isolated, cut off from preconscious activities as well as from manifest behaviour. Organizing mental mechanisms, such as identification, introjection, projection, symbolization, association of ideas, condensation and displacement, almost disappear and the fantasy and dream elaboration is interrupted.

In terms of topography, the psychic agencies lose their original functions, a fact which illustrates, in a striking manner, the above-mentioned libidinal destruction. In particular, the superego detaches from its personal history, vanishes as such, and finally assumes an archaic form, idealistic, absolute, and shadeless. Personal life is then confined to the actual and the banal. Of the original personality only an empty form persists, specially bereft of the capacity of mental manipulation. Somatization is favoured by such a progressive disorganization which, on the one hand, provokes an essential depression and, on the other, sets up an "operational" system of life. It is then that a host of psychosomatic disorders, varied, familiar and sometimes quite serious, appear and disappear alternately.

In the course of what I have said so far two concepts of theoretical importance emerge, i.e., the death instinct and the ego-ideal.

As for the death instinct, I am not sure that my view is in conformity with the classical conception. Anyhow, I am in a position to assert that the dissolution of libidinal organizations, which occurs in spite of their advanced developmental level, always ends in death through serious somatic illness. Obviously, the death instinct can show up at any moment and stage of development. I presume, nonetheless, that the essential aspects of the death instinct reside in the inferior preconscious levels of development. For instance, aggressiveness in the psychoneuroses is only a shadow of the death instinct, an image enfeebled by successive developmental transformations; whereas the death instinct asserts itself in a simple and pure manner, if it appears unrelated to any libidinal context. Such is the case in some psychosomatic processes similar to progressive disorganization. In support of my view, I shall make a rough comparison between the mechanisms of libidinal regression and the process of progressive disorganization proper.

I have already stated that a disorganizing process is always at the root of any pathological production. I would specify at present that the death instinct comes partly into sight in the regressions (be they total or partial, egoistic or topographical, neurotic or psychotic) as well as in progressive disorganization. In all these cases, the emotional trauma either bars the way to the new libidinal organizations, or undoes the older libidinal systems. The outcome will vary from individual to individual.

In libidinal regressions, the retrograde movement is limited in both time and scope. The libidinal waste is relatively small, and the partially regressive systems are solid enough to afford a starting point for possible ulterior reorganization. In progressive disorganization on the contrary, the initial destructive movement goes its way without meeting any pre-established system of deviation or blockage. Little by little, it shatters functional wholes, causing a serious libidinal loss. The fragile defence mechanisms collapse one after the other. The split is continuous.

Such a disorganization does not merely concern the mental functions; it is also pursued on the somatic level where it cancels the established hierarchy, causing a real physiological anarchy. Thus, progressive disorganization is one of the major processes in somatization.

I shall give a brief account of the importance of the ego-ideal in progressive disorganization. Topographical systems, according to Freud, are to be considered as libidinal structures which disrupt through progressive disorganization. The disruption of the system id, ego, and superego entails the loss of the functional value of the superego, which assumes an archaic form, absolute and shadeless. It could then be asked if the superego has not recovered the function of a primitive ego-ideal. Clinical observation confirms this view. More often than not, the disorganizing trauma is banal, devoid of malignance. In these circumstances, destruction should be attributed to the delicate character of the libidinal systems which fail to carry out the integration of traumas.

Patients suffering from essential depression are still sensitive, in spite of the "operational" life they lead: they are able to perceive libidinal manifestations in other people. So, if, for a given reason, an external libidinal representation asserts itself, functional disorganization and splitting increase, leading to real crises of somatization.

All this tends to show that failure is an ineluctable issue since the patient cannot overcome his difficulties without an absolute domination. Thus, the superego which acts differently (i.e., through guilt feelings) is replaced by a primitive ego-ideal whose requirements are familiar to us. Theoretically two concomitant possibilities explain these mechanisms: (i) the regression of an ego-ideal which has lost its native qualities as well as its evolutionary acquisitions, especially sublimation; (ii) the disappearance of the mediating function of the super ego which, in spite of its severity, acts as a historical and personal entity, tempers and modifies the demands of the primitive tyrant, the archaic ego-ideal.

In conclusion, three points should be stressed.

(i) Between progressive disorganization in its extreme variety and the different systems of libidinal regressions, there is room for many transitional forms which I have not described.

(ii) In progressive disorganization, the part played by heredity and genetic factors is more important than what it would appear in this short paper.

(iii) I have called attention to the importance of a large number of those who are subject to progressive disorganization. They deserve the same interest as that hitherto aroused by neurotics and psychotics in the field of mental health.

SUMMARY

A major process of somatization in puberty and adulthood appears when the libidinal structures are progressively disorganized. Progressive disorganization selectively strikes people pertaining to the group of character and behavioural neuroses, i.e., loosely systematized neuroses with polymorphic and irregular manifestations.

A slight trauma, acting as a narcissistic wound, incites the subject to give up certain emotional interests. What follows is the progressive chain destruction of the various cathected sectors and of the existing libidinal organizations. An "essential" depression ensues, introducing serious psychosomatic disturbances which prolong the general disorganization on the somatic level. Such clinical phenomena are one of the clearest manifestations of the death instinct.

The topographical organizations are submitted to the movement of disorganization. The super-ego, in particular, loses its familiar function, and is replaced by an archaic ego-ideal which precipitates the patient into a vicious circle of disorganizing narcissistic wounds.

Progressive disorganization with its somatic consequences is a future area of great interest in the field of mental health.

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ACTING-OUT BEHAVIOUR AND PSYCHOSOMATIC SYMPTOMS: CLINICAL AND THEORETICAL ASPECTS¹

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The phenomenon of acting-out behaviour alternating with psychosomatic symptoms in the same patient is well known to those who treat psychosomatic patients psychoanalytically. This is a transitory and to some degree regular occurrence during certain phases of the analysis and can be managed psychoanalytically (Sperling 1952, 1955, 1967).

Psychoanalysts encounter more often the reverse phenomenon, namely, the occurrence of psychosomatic symptoms in the analysis of acting-out patients. Some patients who enter analysis because of acting-out behaviour may develop psychosomatic symptoms during the analysis, either for the first time or as a recurrence of such symptoms from the past. It may occur early in the analysis or at any time, even during the terminal phases of the analysis. If this occurs early in the analysis and the symptoms are of a severe nature, the patient is usually dropped from analysis as unsuitable. This happens in private practice and not infrequently in supervisory analysis. This is an undesirable experience, especially for the analyst in training, as it equals a prohibition to treat such patients psychoanalytically. It is unfortunate for the patient who is deprived of analysis when he needs it most, and is left to resort to inadequate therapies such as supportive psychotherapy and tranquillizers, steroids, etc.

If this phenomenon occurs in the terminal stages of analysis, it may be regarded as unrelated to the analysis, and the analysis may be terminated as successful. Here the case of an adolescent boy with acting-out behaviour, presented by a colleague at a meeting, comes to mind. Among other earlier diseases his case report mentioned asthma, but no connection between the earlier asthma and the later acting-out behaviour was made by the presenting analyst. Nor was the recurrence of the asthma during the analysis considered as related to the

concomitant changes in the patient's overt behaviour. Instead the analysis was terminated as successful and the patient was referred for medical treatment for his asthma.

It is not uncommon, especially with children who are referred for analysis because of behaviour disorders, to find that they suffer from a co-existing psychosomatic disease for which they are treated by the paediatrician or other specialist. In most of these cases no connection is made between the psychosomatic symptoms and the behaviour disorder by the referring physician, and they are not recognized as different aspects of the same personality disorder. This is frequently the case with children who suffer from allergies, especially of the upper respiratory system. I have had a considerable number of children referred to me because of a variety of behaviour disorders who suffered from concomitant allergic conditions. In most instances this fact was not even mentioned in the referral (Sperling, 1947b, 1959b, 1961, 1963b).

In this connection, I would like to comment on some similarities in the personality structure of the overtly acting-out patient and the psychosomatic patient which are not readily apparent. It is a misconception to regard psychosomatic patients as passive individuals. They may give this impression because of their illness which in some cases may lead to complete immobilization. Actually psychosomatic patients, similar to the acting-out patients, are hyperactive individuals. The hyperactivity of the psychosomatic patient, however, is expressed and partially discharged via his somatic symptoms. The psychosomatic patient can be very active, for instance, through his intestines in the diarrhoea and spasms of colitis or ileitis, or through the respiratory system in the coughing, wheezing, and bronchial spasms of bronchial asthma, or through the spasms of the vaso-circulatory system in migraine, etc.

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One patient with chronic ileitis would spend most of the day lying on the couch too inert even to pick up the telephone or read the paper. Yet at the same time he was extremely hyperactive, throwing his gut into violent spasms. He was considered a passive person who shied away from physical activities, yet later in his analysis he found out that he really enjoyed physical activities. When he bought a house towards the end of his treatment he did a tremendous amount of physical work and became an ardent gardener (Sperling, 1960).

Another patient suffering from migraine headaches had periods of overt hypomanic acting out during certain phases of her analysis. At such times she would function like a human dynamo and could do tremendous amounts of work. During her migraine attacks she would become completely immobilized and inert and would lie for days in a darkened room from which even the slightest noise had to be excluded. There is an interrelation between the dynamics of manic-depressive illness and migraine and the migraine attack may serve as a suicidal equivalent in these cases (Sperling, 1951, 1955, 1964). Kerman (1946) has reported on two patients who had bronchial asthma before the onset of psychosis, and when, after shock treatment caused the manic-depressive psychosis to disappear, had a return of the asthma. The paroxysms of psychosomatic attacks in certain patients can be somatic equivalents of hypomanic behaviour (Sperling, 1964). The somatic equivalents of depression in these patients may manifest themselves in symptoms such as anorexia, insomnia, listlessness, and in a general decrease of physiological functions (Sperling, 1946, 1955, 1959). These similarities in personality structure between the psychosomatic and the acting-out patient extend much further and will be discussed in more detail later in the paper.

Unlike the transitory phases of manifest acting-out behaviour in the analysis of psychosomatic patients, the occurrence of psychosomatic symptoms during the analysis of acting-out disorders is not a regular phenomenon. Several questions arise at this point. Why does it occur in some cases and not in others? What are the conditions under which it occurs? Is this a desirable development in the analysis of an acting-out patient, or should it be prevented? And, if so, how? What is the nature of this phenomenon?

I will start with the last question and state that I regard the occurrence or recurrence of

psychosomatic symptoms during the analysis of acting-out patients as transference phenomena. These transference reactions occur in a certain dynamic constellation during a certain phase in the analysis with certain types of acting-out patients. The most important dynamic factors operating in the genesis of these phenomena I have found to be changes in the quality of object relationship with shifts in object cathexis and concomitant superego changes. Because of these changes in the patient's feelings, the analytic relationship and the analysis become an acute threat to the patient. Continuation of the analysis at this point threatens the maintenance of the patient's pregenital character structure. The patient now unconsciously wishes to free himself from the analytic relationship by breaking off the analysis. This wish in turn mobilizes intense separation anxiety and creates an insoluble conflict. It also increases the patient's need to test the analyst's reliability by increased acting-out and provocation.

Such patients are very perceptive of the analyst's feelings, and even the slightest indication of irritation or impatience on the part of the analyst is experienced as rejection and may be used by the patient to support the feeling that unless he stops the acting out the analyst will terminate the analysis. It is essential that the analyst (understanding this situation) can withstand the patient's testing without stepping out of the analytic role, and by keeping careful check of countertransference feelings is able to interpret to the patient the meaning of this behaviour. The onset of psychosomatic symptoms in the analysis of an acting-out patient occurs in this dynamic setting and signifies the patient's submission to the analyst and the analysis in reality, while the rebellion against and the freeing from the analyst is continued unconsciously and is expressed in the somatic symptoms. At this point the patient has established (if the somatic symptoms occur for the first time) or has re-established (if it is a reoccurrence of earlier somatic symptoms) with the analyst the psychosomatic type of relationship (Sperling, 1955).

The psychosomatic relationship originates early in life. The first manifestations become apparent during the anal phases of development when the ability to initiate actively a gradual separation from mother develops because of the maturational processes of this phase. During the preceeding oral phases of development, separation is a passive experience for the child

and is initiated by the mother. While separation anxiety operates from the beginning of life, separation conflicts arise first during the anal phases. One specific pathological outcome of unresolved separation conflicts is the psychosomatic relationship with all its consequences for later life. An individual with this type of object relationship will react to separation or separation threats which to such a patient mean *object loss* with the psychosomatic response, that is, with somatic symptoms. In the psychosomatic relationship the child feels rejected by his mother when he evidences overt aggression and strivings for independence and feels loved, that is, cared for, when he is submissive and dependent. In the analytic constellation just described the acting-out patient finds himself in a similar situation. He feels rejected by the analyst for his acting-out, that is, for being rebellious, and expects to be loved for stopping the acting-out and submitting to the analyst.

I would like to elaborate further on (i) the subject of change in the quality of object relationship, and (ii) the similarity in personality structure between the acting-out and psychosomatic patient. The acting-out patients who are prone to develop psychosomatic incidents during analysis are character disorders with pregenital fixations and with preoedipal conflicts and object relationships. Their personality structure, like that of the psychosomatic patient, is characterized by a high degree of narcissism and ambivalence. These patients have an inordinate need to possess and control their object at all costs and at all times. They treat people as if they were fetishes (Sperling, 1963a). One of the major difficulties in the treatment of such patients is their fear of forming a full object relationship. To such a patient this means to take the risk of making himself dependent upon the analyst as a real object whom he cannot control and manipulate like a fetish or other people in his environment. These patients are continually on the brink of intolerable depression and defend themselves against it by their acting-out behaviour. In this connection, a patient reported by a colleague is of interest (Wilson, 1965). This patient, a young woman with severe acting-out behaviour who developed asthma in the fifth year of analysis, had a number of stuffed animals whom she named after her analyst and with whom she acted out her transference feelings during certain phases of her analysis.

In the treatment of perversions in adults and

of deviate sexual behaviour in children, I have found that the most difficult and also the most essential task in treatment is to achieve a change in this type of relationship (Sperling, 1947a, 1959b). These patients sense very keenly the danger which the analytic relationship represents to the maintenance of their pregenital relationships and defend themselves particularly against the modification of their superego. The structural changes occurring in the superego at this crucial point are internalization of certain aspects of the analyst with a decrease of externalization, displacement, and projection (Sperling, 1959b, 1963a). In 1947 (1947a) I described these difficulties and my technique in the successful analysis of a patient who had received a suspended execution of sentence for exhibitionistic practices and was sent for analysis by the judge.

A further similarity between the psychosomatic and the overt acting-out patient lies in their intolerance of tension and their urge for immediate discharge of it, that is, their unwillingness to delay execution of impulses. I am saying unwillingness and not inability because I want to emphasize that I consider acting out more of a superego than an ego problem. This aspect of acting-out behaviour has been stressed also by other investigators (Gillespie, 1956; Johnson and Szurek, 1952; O. Sperling, 1956), indicating that the relative weakness or strength of the ego depends in large measure upon the structure of the superego of these patients. The acting-out patient achieves immediate discharge of impulses by some actions with an external object in reality, while the psychosomatic patient tries to accomplish this by some actions with an internalized object inside his body. Unlike the neurotic who does accept fantasy gratification, both the psychosomatic and the overt acting-out patient, need to *act out* their impulses, wishes and fantasies, internally in a variety of somatic symptoms, or externally in the various acting-out behaviour.

Because of the changes in superego structure and object relationship, but with not yet sufficiently modified ambivalence and narcissism, any intensification of pregenital impulses is now dealt with by the acting-out patient by abrupt repression, that is, by turning libidinal and destructive impulses towards an internalized object instead of overt acting out. I consider this to be the dynamic constellation in the analysis of acting-out disorders during which a psychosomatic symptom may occur in place of

the overt acting-out. What takes place here is the transformation from overt into psychosomatic acting out, indicating that the patient has not reached a stage yet where he can tolerate consciously impulses without instant discharge. Because of rigid restrictions of space the analytic case material to illustrate these points has had to be omitted and will be presented together with a discussion of technical procedures elsewhere.

In conclusion, I want to state that I regard the occurrence or recurrence of psychosomatic symptoms during the analysis of certain types of character disorders as transference phenomena indicating a change from overt acting-out into somatic acting-out. The patient's fear of becoming helplessly dependent upon the analyst by increasing his separation conflicts may promote the patient's change from the fetishistic to the psychosomatic relationship at which point the overt acting-out behaviour is given up in favour of somatic acting out and the struggle for

omnipotent control is continued via the somatic symptoms.

The specific resistances of the patient have to be worked with continually via the transference. His unwillingness to relinquish part-object relationships and to tolerate consciously the unavoidable frustrations concomitant with the progression of instinctual development, that is, weaning and separation on the oral level, instinctual control on the anal level, and renunciation of the love object on the oedipal level—all these need especially careful working through.

The phenomenon of patients developing psychosomatic symptoms for the first time or as a recurrence during analysis is so frequent that almost every analyst may have to deal with it at one time or another in his practice. From the clinical, especially technical, and from the theoretical point of view, this is a problem of considerable magnitude deserving further psychoanalytic investigation.

REFERENCES

- GILLESPIE, W. H. (1956). "The structure and etiology of sexual perversion." *Perversions, Psychodynamics and therapy*, ed. Lorand. (New York: Random House).
- JOHNSON, A. M. and SZUREK, S. A. (1952). "Genesis of antisocial acting-out in children and adults." *Psychoanal. Quart.*, 21.
- KERMAN, E. F. (1946). "Bronchial asthma and affective psychoses: two cases treated with electric shock." *Psychosom. Med.*, 8.
- SPELRLING, M. (1946). "Psychoanalytic study of ulcerative colitis in children." *Psychoanal. Quart.*, 15.
- (1947a) "The analysis of an exhibitionist." *Int. J. Psychoanal.*, 27.
- (1947b) "Problems in analysis of children with psychosomatic disorder." *Quart. J. Child Behaviour*, 1.
- (1951). "A psychoanalytic study of migraine and psychogenic headache." *Psychoanal. Rev.*, 39.
- (1952). "Psychotherapeutic techniques in psychosomatic medicine." *Specialized techniques in psychotherapy*, ed. Bichowski and Despert. (New York: Basic Books.)
- (1955). "Psychosis and psychosomatic illness." *Int. J. Psychoanal.*, 36.
- (1959a). "Equivalents of depression in children." *J. Hillside Hospital.*, 8.
- (1959b). "A study of deviate sexual behaviour in children by the method of simultaneous analysis of mother and child." *Dynamic Psychopathology in Childhood*, ed. Jessner and Pavenstedt. (New York: Grune and Stratton.)
- SPELRLING, M. (1960). "The psychoanalytic treatment of a case of chronic regional ileitis." *Int. J. Psycho-Anal.*, 41.
- (1961). "Psychosomatic disorders." *Adolescents, Psychoanalytic Approach to Problems and Therapy*, ed. Lorand and Schneer. (New York: Hoeber.)
- (1963a). "Fetishism in children." *Psychoanal. Quart.* 32.
- (1963b). "A psychoanalytic study of bronchial asthma in children." *The Asthmatic child*, ed. Schneer. (New York: Harper.)
- (1964). "A further contribution to the psychoanalytic study of migraine and psychogenic headaches." *Int. J. Psycho-Anal.*, 45.
- (1967). "Transference neurosis in patients with psychosomatic disorders." *Psychoanal. Quart.*, 36.
- SPELRLING, O. E. (1956). "Psychodynamics of group perversions." *Psychoanalyt. Quart.*, 25.
- WILSON, C. P. (1965). "A case of bronchial asthma that developed *de novo* in the terminal phase of analysis." Presented at the Dept of Psychiatry, Downstate Medical Center, 20 October 1965.

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INDICATIONS AND CONTRAINDICATIONS FOR PSYCHOANALYTIC TREATMENT¹

INTRODUCTION TO THE SYMPOSIUM

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It is necessary occasionally to take a distance from our daily work and ask: what is our work for? I recall hearing somewhere—more likely than not it was Waelder³ who said it—that an expert is one who knows everything about a subject except what it is all for. The topic of indications for psychoanalytic treatment has a very considerable heuristic value because the groundwork for a systematic consideration of it would cover a vast area of theoretical and clinical aspects of psychoanalysis. The theory of the treatment method is based on our understanding of the psychoanalytic theory of the neuroses. There should be some common understanding and agreement on what a psychoanalytic treatment is. In what kinds of situations does the use of the psychoanalytic method offer even the possibility of a change? What is the range of the psychoanalytic situation? Another most relevant consideration is the matter of the “scope” of indications for psychoanalytic treatment and the question of whether there have been changes in the neuroses and, also, whether there have been changes in the views of the psychoanalyst as he functions in the psychoanalytic situation. These areas, among others, have a definite bearing on our criteria as to what is and what is not analysable and why. Is the sky the limit with psychoanalysis as a therapy? Here we shall, I presume, have a range of answers which cover a spectrum from the theoretical ideal to the clinically justifiable.

Psychoanalytic treatment is a considerable undertaking in which the formal manifest aspects such as the recumbent position and the fundamental rule are important, but what is equally important is how crucial are the dynamic effects. In this way a psychoanalytic situation evolves and can be maintained for the psychoanalytic process. The treatment does not try to

do away with inner conflict but rather tries to *undo* the repressions so that the entire conflict is within consciousness. In this way consciousness is enlarged and freedom of choice is attained in yet another area. Actually, it is over precisely this very specific intrapsychic process—undoing the repression—that we may determine whether a treatment is psychoanalytic or otherwise. Those disorders which appear early in life are not a result of inner conflict but rather an action of development. The Arden House Symposium in 1954 considered “The Widening Scope of Indications for Psychoanalysis”. Much has been said and written about the psychoanalytic treatment of borderline cases, psychotics, perversions, addictions and others. It seems to me that such patients can be treated psychoanalytically only if and when treatment will permit a neurosis to develop or when neurotic conflicts are discovered to be covered over by some behaviour. Whatever progress has been made in technique and treatment as a result of advances in psychoanalytic theory one thing remains—the “key” to what is psychoanalytic centers on the undoing of a repression. The psychoanalytic process, which is what we all agree we aim for and absolutely need in order to have a psychoanalytic treatment, simply cannot be effective for any abnormality other than the transference neuroses—hysterias, phobias and obsessional neuroses or characterological phenomena which stem directly from these symptoms.

Psychoanalysis, as a therapy of neuroses which have their origin in childhood, is the only treatment to date which is aimed at removing or weakening the causative factors. There is a limited range of conditions for which this very detailed, time-consuming, expensive treatment is effective. Psychoanalytic treatment is actually

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³ Robert Waelder, who was to have been the Moderator of this Symposium, was unable to attend the Congress.

only one of many possible applications of psychoanalysis. Freud always insisted that psychoanalytic treatment may well not be the most important application of psychoanalysis. By now there is a vast literature on the psychoanalytic method, the psychoanalytic situation, the psychoanalytic process, technique, treatment, and so on. Many authors contributed to this literature and some of the symposia, panel discussions, and conferences are especially relevant, particularly those which took place after the Marienbad Symposium in 1936 on "The Theory of the Therapeutic Results of Psycho-Analysis". Very much beyond another treatment application, such as child analysis, there have been influences, perhaps more indirect than otherwise, which have been most profound. In the United States, attitudes towards child rearing and children have changed. This is true, too, for the sick, the criminal and the insane. Educators have been influenced and, most recently, lawyers and jurists are becoming better acquainted with some of the basic ideas of psychoanalytic psychology. By this I mean a realization of the existence of an unconscious mental life and the tendency for more or less continuing automatic self-deception. Today it seems that more children and more adults show a greater willingness in daily life, in the United States and undoubtedly elsewhere, to question

their motives. For those situations in which psychoanalysis is a very successful method of treatment, neurotic misery and suffering gives way so that the many unhappinesses of every day living can be faced along with the evils which are also inevitable. An enlargement of man's sphere of consciousness and an increasing ability and willingness to question his motives, within the framework of the humanism of our culture, can be the greatest civilizing force at our disposal.

If this is indeed the situation our destruction as well as our salvation is within us. Do we not literally see some clinical evidences of this almost every hour of our every working day with our patients? Proficiency in the use of the psychoanalytic method must be achieved by many in order to pass on to succeeding generations an ability to employ this for the continuing development of psychoanalytic theory and practice. With the ability and experiences gained from working in the psychoanalytic situation, which is one form of applied psychoanalysis, it will be easier and more meaningful to apply psychoanalytic ideas to many other areas. Understanding will be broader and deeper with a sense of conviction based on personal experiences. None of this would be possible without a clear understanding of the indications and contraindications for psychoanalytic treatment.

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THE SO CALLED GOOD HYSTERIC¹

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There was a little girl
And she had a little curl
Right in the middle of her forehead.
And when she was good
She was very, very good,
But when she was bad
She was horrid.

This nursery rhyme must be familiar to most of you. It is particularly applicable to the analysis of those female patients whose presenting symptomatology and/or character structure overtly suggests an unresolved genital oedipal situation. This leads to a presumptive diagnosis of hysteria, a condition for which traditional psychoanalysis remains the treatment of choice. Follow-up studies of the analysis of such patients have not, however, been reassuring. In Boston, for example, we reported ten years ago:

Our reports so far tend to indicate that hysterical patients are, to put it simply, very good or very bad patients. (Knapp *et al.* 1960).

This conclusion was based on a review of one hundred patients evaluated as possible patients for supervised analysis. In preparing this paper I have also reviewed the initial clinical evaluation of nearly one hundred non-psychotic women. Of these, more than thirty had been in analysis, either conducted or supervised, over the past ten years. On this basis I hope to revise and explain our presumptive dichotomy and the distinction made by Easser and Lesser in a more recent paper between the hysteric and the hysteroid character.

As my opening jingle suggests, I have limited myself to the discussion of hysteria in the evaluation of female patients. Although I have evaluated, analysed, and supervised the analysis of a number of men comparable with my sample of women, the number whose presenting symptoms were hysterical is far smaller. My findings are thus in keeping with Easser and Lesser's conclusion that presenting

hysterical symptomatology is less common in men than in women. In addition, I have seldom encountered the syndrome I will describe as so-called good hysteria in the initial evaluation of male patients. The pathology of this syndrome is, I believe, largely determined by developmental hazards specific to the growth and development of the feminine character. Comparable developmental failures in men frequently result, in my experiences, in so-called normality rather than overt neurotic symptoms. These are the men whose deceptive external adaptation has been achieved on the basis of minimal awareness of inner reality, with marked deficiencies in the area of affect-tolerance. Although so-called normality is also met in women, it is far less common than so-called good hysteria. This, I believe, accounts in large part for the preponderance of women initially diagnosed as hysterical characters and/or hysterical neurotics.

In place of the earlier dichotomy I would now like to suggest that women whose presenting symptomatology suggests a diagnosis of either hysterical character or hysterical neurosis tend to fall into one of four sub-groups. These may be ranged from the most to the least analysable on the basis of their response to therapeutic analysis. Although patients in each of these groups may clearly be distinguished in their most characteristic form, I do not wish to imply a rigid compartmentalization. The most analysable hysteric is vulnerable to regression in a bad analytic situation. Conversely, certain patients who have regressed before referral may initially present a clinical picture suggestive of more serious pathology than later proves to be the case.

My four groups may be briefly defined as follows: first, true good hysterics are young women who are both prepared and ready for all aspects of traditional psychoanalysis; second, potential good hysterics are young women whose development, symptomatology, and character structure clearly suggest an analysable hysterical disorder. They are, however, less fully prepared

¹ Presented at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

and/or internally ready to make the serious commitment prerequisite to the establishment of the analytic situation. Third, women with an underlying depressive character structure frequently present manifest hysterical symptomatology to a degree which disguises their deeper pathology. Fourth, there are women whose manifest hysterical symptomatology proves to be pseudo-oedipal and pseudo-genital. Such patients seldom meet the most important criteria for analysability.

My classification is based on a reconsideration of the relation between hysteria and infantile oedipal conflict. It is essential in this context to distinguish between instinctual progression and regression and the ego achievements prerequisite to the emergence, recognition, and mastery of a genuine internal danger situation. As I have suggested elsewhere (Zetzel, 1965), the story of Oedipus himself is not a good prototype for what we now mean by a potentially healthy infantile neurosis. His father was not a real person in relation to either himself or his mother. He was a stranger by whom he was waylaid. His mother, Jocasta, was not involved with his real father but was in fact a realistically available sexual object.

The myth nevertheless highlights the nature of the dilemma with which the child is most sharply confronted if and when he reaches a genuine oedipal conflict. It was not just fear that his father was stronger and might therefore castrate him which Freud emphasized in his discussion of Little Hans; it was also the fact that Hans loved his father and did not wish to lose him. Though a rival in terms of internal reality, his father was a support and an object for identification as a real person. This conflict, in brief, is the first really significant confrontation to the child of the difference between external and internal reality. It is this difference which leads to the mobilization of the signal anxiety which motivates the major defence of the future hysteric, namely, repression.

It is my thesis, in summary, that the true hysteric, whether male or female, has experienced a genuine triangular conflict. The hysteric, in addition, has been able to retain significant object relationships with both parents. Frequently, however, the post-oedipal relationship has been less satisfactory and more ambivalent than the relationship established in the pre-oedipal period. Hysterics, in brief, have paid too heavy a price in the attempted resolution of the oedipal triangle. They have nevertheless retained the

potential capacity to recognize and tolerate internal reality and its wishes and conflicts. These are distinguished from external reality. The ability to distinguish these two aspects of reality is a major criterion for analysability. It may indeed constitute the essence of the capacity to distinguish between therapeutic alliance and the transference neurosis.

It has of course long been recognized that the ability to modify primitive instinctual responses is initiated during the pre-oedipal years of development. The child first learns to tolerate delay and frustration in the early mother/child relationship. During the second, third, and fourth years of life he optimally acquires certain controls and achieves some degree of independence and autonomy. During this period, moreover, he expands his capacity for one-to-one relationships, thus adding to his own ego identifications. The major developmental tasks during the pre-oedipal years include, first, acceptance of the limitations within one-to-one relationships without feeling seriously rejected and/or devalued; second, tolerance of increasing periods of separation from important objects, with added pleasure in available substitutes; and, third, achievement of pleasure in active mastery and learning.

In all these tasks the major frame of reference is the one-to-one relationship. The emergence of defences against primitive instinct is thus mainly initiated by the wish for approval and its negative counterpart, fear of disapproval. It is to be anticipated that the one-to-one relationship with the mother will differ significantly from that with the father. Not only are their roles significantly different, but their spontaneous responses to the child's progression and regression will obviously cover an enormous range. It is almost inevitable that the child's relation with one of his parents will be more ambivalent than that with the other. Mastery of the hostility in the less good relationship will typically result in certain reaction formations. These, I would like to suggest, form the basis of the obsessional defences which all of us recognize as important concomitants of the character structure of the most stable hysterics.

In this very brief outline I will focus on the specific developmental hazards which appear to be determinants of the relatively high incidence of hysterical symptoms, whether true or so-called, in adult women. First, there are many reasons over and above serious pathology in the mother which increase the probability that the

little girl's preoedipal relationship with her mother will be more ambivalent than that of the little boy. Moreover, the oedipal conflict specifically entails a shift of libidinal object choice for the little girl. Her first object, the mother, becomes her rival. It is thus easy to see how earlier failures will tend to impair the maintenance of a good object relationship between mother and daughter during the infantile neurosis. This may impair the girl's feminine identification and the internalization of a positive ego-ideal.

It is also to be anticipated that many fathers are less demanding and more openly affectionate to their attractive little daughters than they are to their little sons. When this has been a striking feature of the preoedipal period there may be an impairment of full genital development. The shift to the father is, moreover, immediately preceded by full recognition of sexual differences in the phase well described as both phallic and narcissistic. On the one hand, earlier failures may thus compound penis envy. On the other, the girl may respond to her increased ambivalence by a regressive magnification of earlier passive needs. During the closing phases of the preoedipal period the boy tends to reinforce his reaction-formations against such passivity. The analysable man who has failed adequately to resolve his oedipal situation is thus likely to present, at least initially, an obsessional rather than hysterical character structure and/or symptomatology. This same finding is, however, at least relatively true of the group I have described as the most analysable hysterical women. These, in my experience, have defensively reinforced penis envy and associated ambitions towards active achievement partly in identification, but also in order to please a father who is not only an oedipal object but also the parent with whom the preoedipal relationship was less ambivalent and more stable.

Despite characteristic differences, men and women who have been successfully analysed share certain major developmental successes. The ability to achieve and maintain a positive therapeutic alliance and to work through the terminal phase has been optimal in patients whose analytic material has revealed substantial mastery of ambivalence in the early mother/child relationship. This usually entails the initiation and maintenance of certain reaction-formations which prove to be prophylactic against significant ego regression during the establishment of the analytic situation. These patients had, in

addition, consolidated genuine one-to-one relations with both of their parents before the onset of the genital oedipal situation. Their response to both the analytic situation and the transference neurosis has demonstrated the capacity to distinguish between external and internal reality. This capacity has been most crucially tested in respect to the regressive revival in the transference neurosis of a triangular oedipal conflict. They have demonstrated during the analytic process a sustained capacity to tolerate anxiety and depression. They have, finally, demonstrated the capacity to renounce without bitterness or self-devaluation the realistically unavailable and actively to approach and attempt to attain available objects and realistic ideals.

I will here give a vignette, not of any one individual patient but of the findings which would lead me to believe that a woman belongs in my first group, namely the true hysteric who is ready for analysis. She is usually well past adolescence and has thus typically completed her formal education. She is often a virgin; if not, she has been disappointed in her sexual experiences. While she may not be frigid, she has not been able to make a major sexual investment in a man she cares for as a real person. Often she has somewhere in her life, and sometimes already married, a man who is in love with her to whom she cannot respond sexually. She is often first seen after an experience which might be described as "an hour of truth". Some event or personal confrontation has at last made it clear to her that the problem lies within herself.

Most of the patients in this group have been notably successful in areas other than their heterosexual relationships. Their academic and professional achievements have often been notable. They have in addition been able to make and keep stable friendships. Many of them were the oldest, often the most gifted, and typically the father's favourite child. None in my own group was an only child. In many of these patients historical events suggest that the failure to resolve the infantile oedipal situation may have been partially attributable to realistic events. Loss or extended separation from either parent during the height of the oedipal situation has substantially interfered with mastery through neutralization, sublimation, and positive identification with the mother. Instead, massive repression has occurred, with the oedipal father still unrelinquished and a major barrier to adult

heterosexual object choice. This reconstruction has been fully confirmed in the analyses of several patients included in my first group.

How does this group of almost ideally analysable hysterics differ from my second group, the potential good hysterics? First, this group includes a somewhat wider range of symptomatology and character structure than the first group. It is not therefore possible to give a specific clinical vignette. They are usually younger, they are always less mature than my first group. They are sometimes the youngest, or they may be only children. They have failed to achieve as stable ego-syntonic obsessional defences as the first group. They are somewhat more passive and less consistent in respect of their academic and professional achievements. Their friendships are less stable and more openly ambivalent. They are often afraid of their dependent wishes which are nearer the surface than is typically the case with the true good hysteric.

The major problem in respect of the analysis of this group of patients concerns the first phase, namely the establishment of a stable analytic situation in which an analysable transference neurosis may gradually emerge. Some of them are quite simply too young to make a genuine commitment. Others, first seen in a state of neurotic decompensation, may respond to analysis in one of two ways, namely, flight into health through displacement of the transference, or the emergence of a transference associated with ego regression which impairs the establishment of therapeutic alliance. If, however, these pitfalls are avoided this group of patients prove able to achieve a genuine analytic result. They do not necessarily present serious difficulties in respect of either the emergence and analysis of the transference neurosis, or the working through of the terminal phase.

My last two groups comprise the vast majority of so-called good hysterics. The first may be analysable in a long and difficult analysis. Depressive characters are typically women who have signally failed to mobilize their active resources during every important developmental crisis. Their basic self-esteem is low, and in addition they tend to devalue their own femininity. Despite these serious drawbacks many of these patients have experienced some genuine triangular conflict, often idealizing their fathers to an excessive degree. They have usually failed to undergo adequate reaction-formations during the preoedipal period. While, in briefest terms,

they are able to recognize and tolerate considerable depression, they have failed significantly in the area of mastery. They are not only passive; they also feel helpless. Despite these handicaps they are often attractive, gifted women whose depression is hidden by laughter and flirtation. Their manifest symptoms may be obviously hysterical.

It may therefore prove difficult to recognize depressive characters at the time of initial evaluation. Often, however, they first come to the attention of the psychiatrist or analyst at a somewhat later age than do those included in my other groups. The fact that they did not seek help earlier is seldom as attributable to lack of opportunity as it is to their basic lack of self-esteem. They may first be seen when they are practically defeated, with considerable impairment of major ego functions. Such patients typically verbalize feelings of helplessness and/or depression quite early in treatment. They tend to develop passive, dependent transference reactions which impair their capacity adequately to distinguish between therapeutic alliance and the transference neurosis. They should not be referred for traditional analysis without careful assessment, which should include their total life situation and its potential for progressive alteration. All these patients in my own clinical experience present serious problems during the terminal phases of analysis. Unless, therefore, there are positive available realistic goals they may drift into a relatively interminable analytic situation.

Fourth and last is the group of so-called good hysterics typically characterized by a symptomatic picture which can only be described as floridly hysterical. While, however, their symptoms may present a façade which looks genital, they prove in treatment to be incapable of recognizing or tolerating a genuine triangular situation. Such patients all too readily express intense sexualized transference fantasies. They tend, however, to regard such fantasies as potential areas of realistic gratification. They are genuinely incapable of the meaningful distinction between external and internal reality which is prerequisite to the establishment of a therapeutic alliance and the emergence of an analysable transference neurosis.

So-called good hysterics do not, in my opinion, meet the criteria for traditional psychoanalysis. Their major pathology is attributable to significant developmental failure in respect of basic ego functions. Initially they may, however,

sometimes prove difficult to distinguish from more analysable women who have regressed during the period which preceded their referral. Extended evaluation will often prove invaluable in making the distinction. The more analysable patients often reconstitute fairly rapidly. The so-called good hysteric will tend, conversely, rapidly to develop an intense sexualized transference even in a structured face-to-face interview situation.

These women may first be seen at almost any age. Frequently they have been seen by more than one previous therapist and/or analyst, with unfavourable results. Unlike patients in the other group, they have few available areas of past or present conflict-free interest or autonomous ego functions. They seldom present a history which includes a genuine period of latency in respect of either achievement or peer relationships. Their obsessional defences, if present, are not directed against their own ego-alien impulses. Like the obsessional defences of the borderline or psychotic, they are directed towards ensuring their perception and control of certain aspects of external reality.

In many cases the developmental history will reveal one or more of the following findings:

- (i) absence or significant separation from one or both parents during the first four years of life;
- (ii) serious pathology in one or both parents, often associated with an unhappy or broken marriage;
- (iii) serious and/or prolonged physical illness in childhood;

- (iv) absence of meaningful, sustained object relations with either sex.

No one of these observations is sufficient by itself to reach the diagnosis of so-called good hysteria. Two or more of them combined with a regressive transference readiness would, however, constitute a red light, or warning signal.

The basic question I have posed in this paper may be stated quite simply. How far can we regard manifest oedipal or genital symptomatology, i.e., instinctual content, as acceptable evidence that the patient in question has achieved and/or maintained a level of ego development at which the capacity for identification, object relations, and affect-tolerance permits emergence and recognition of a triangular situation which involves three whole individuals? This I regard as indispensable for the potential ability to distinguish between external and internal reality which is one major criterion of analysability.

I have attempted in this paper to indicate certain sub-groups which may be distinguished among female patients whose presenting symptoms are hysterical. All these patients initially presented a clinical picture clearly suggestive of an unresolved oedipal genital situation. Not all of them proved to be analysable hysterics. I may thus in conclusion paraphrase my opening jingle as follows:

There are many little girls
Whose complaints are little pearls
Of the classical hysterical neurotic.
And when this is true
Analysis can and should ensue
But when this is false
'twill be chaotic.

REFERENCES

- KNAPP, P. *et al.* (1960). "Suitability for psychoanalysis: a review of one hundred supervised analytic cases." *Psychoanal. Quart.* 29.
- EASSER, B. R. and LESSER, S. R. (1965). "Hysterical personality: a re-evaluation". *Psychoanal. Quart.* 34.
- ZETZEL, E. (1965). "The use and misuse of psychoanalysis in psychiatric training and psychotherapeutic practice." *Acta Psychother.*, 13.

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INDICATIONS AND CONTRAINDICATIONS FOR PSYCHOANALYTIC TREATMENT¹

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It is not possible, at this time, to present a summary of the pertinent literature and I do not suppose that you expect this from me. In this way I feel free to give my views which are the result of a study of the scientific literature as well as, of course, my personal experiences with my own analytic cases, with the analyses of candidates and with the supervision of candidates. We may assume that the indications for psychoanalytic treatment result from an evaluation of the case, the symptoms, the type of character, and so on. When we have the courage to be honest with ourselves we can admit that our criteria for recommending treatment are far from objective and do depend, in part, on our subjective attitude.

The first thing I want to discuss is the tendency to widen the scope of analysis too much. My main thesis will be a plea not only for more exacting indications but also for "narrowing the scope of psychoanalysis," a variation on the title of an exceptionally fine article by Stone (1954). The tendency to widen the indications stems from several motives. One of them is our enthusiasm for psychoanalysis. After our disappointment with organic and phenomenological psychiatry, we discovered that psychoanalysis gives real insight into the inner life of our fellow men. A second motive for excessive widening of the indications for psychoanalysis is the fact that we have expended so much energy in developing a reasonable technique that we consequently want to apply this technique. These motives are understandable, but when we permit our actions to be guided by them disappointment will inevitably follow. This will especially be the situation when we are most enthusiastic about psychoanalysis. Often we find, as a reaction formation against this disappointment, a deep contempt for every kind of help which is not psychoanalytic. The clinical psychiatrist is called a distributor of pills. It is denied that there are some disorders which

cannot be treated successfully by classical psychoanalysis but can be treated very effectively with medicines. The temptation to institute psychoanalytic treatment too often will be lessened when these motives remain in the forefront of our consciousness and we realize that psychoanalytic insights are valuable apart from their usefulness in their application within the psychoanalytic treatment situation, because there is no psychology which gives more understanding and insight into our fellow men and ourselves. With this insight we can understand not only what happens in the psychoanalytic treatment situation, but also what happens in psychotherapy in general—in whatever form. Further, these insights are helpful in our understanding of what takes place when we concentrate on strengthening the defence mechanisms. Also, I wish to include here, what for the time being I will call "processes of social learning" to which I will come back. Moreover, the field in which psychoanalytic insight can be applied is not only therapeutic analysis, but also prevention, the field of social psychology. Here I should like to mention the work of Mitscherlich and the Frankfurt-Heidelberg group.

The value of psychoanalytic insights do not have to be proved by having the scope of psychoanalysis as a treatment method made as wide as possible. But what are the indications for psychoanalytic treatment? I consider the systematic working through of defence systems against infantile libidinal and aggressive impulses as belonging to classical analysis along with the maximum use of the analysis of the transference neuroses because in the relationship of the analysand to the analyst the family situation may be re-lived and made conscious, so that impeded development starts again. We know that the conflicts will increase temporarily and this has to be taken into account. Psychoanalytic treatment is possible for patients who fall into a group in which the analytic

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

process can be observed and studied. One of the great dangers of the widened scope is that full insight into the psychoanalytic process and the application of the technique are so hard to learn with the wide range of patients that we are forced to take refuge in so-called variations of the technique. It is not my intention to state here, with my hand raised in warning: "You young, not yet matured analytic friends, do not take on too difficult patients". My admonition does not include a distinction between the difficult and the easy patient—whatever that may be—but between patients in whom we can study the inner self and the motivations for their behaviour, in a quiet situation, and those with whom this is not possible. How can one gain insight in the modification of defence mechanisms by interpretation, learn what happens when a patient dares to admit more libidinal and aggressive impulses, in cases where continuous destructive acting-out threatens the patient's life and his social situation and so makes analytic co-operation nearly impossible? How can one gain insight into dynamics, structure and genesis when the regression stimulated by the analytic situation tempts the patient to act out in the psychoanalytic hour and the only way out seems to be breaking the rules of abstinence? The study of the typical course, so well described by Lampl-de Groot, is impossible when the patient shows derivatives from all phases of development at practically the same time, together with intensive reality distortion caused by the use of the most primitive defence mechanisms.

It may be objected that I am not sticking to my task, of talking here about indications, not about training. But this is precisely my point: indications, training, and the development of psychoanalytic practice and theory, as well as the validation of psychoanalytic theory, should be considered in relation to one another. We cannot discuss indications without taking the psychoanalyst into consideration. Experienced colleagues know what cases they will accept for themselves. The choice of the patients, of the cases which will be treated by the analyst who is working to improve his technical skill, will be one of the decisive factors in the further development of psychoanalysis. The future of our science depends on the continuing study of the inner processes of our patients. Quite often psychoanalysts abandon the analytic method. In my opinion this is caused not only by the increase of their own defences in difficult

situations as well as the impossibility of mastering passive longings or destructive aggressive fantasies rooted in envy and jealousy, but chiefly by the choice of unsuitable patients, which inevitably leads to disillusion. I should like to put it even more strongly. If the psychoanalytic method, as discovered by Freud, is to remain in existence it can do so only when analytic insight is present and that insight can only be achieved in cooperation with patients suitable for analysis. Psychoanalysis is a difficult technique and may be likened to close reading. One has to learn to read and understand a difficult text, to learn to put things together. One cannot learn to read if one starts with deciphering and interpreting a manuscript with pages torn out and put in again in the wrong places, with the ink partly washed out and pages stuck together so that one can only guess what is on them. The more unreadable the text, the more opportunity for the wildest fantasies. There is much talk about the necessity for the objective scientific validation of hypotheses applicable to the psychoanalytic process, but how can we ever arrive at forming hypotheses if we have not experienced, with our whole personality, what is actually going on within the patient? Objective research on psychoanalytic hypotheses will remain completely fruitless unless we know classical analysis from personal experience. Furthermore, we will never learn to distinguish our countertransference from our own real adaptation to a psychoanalytic situation, when the analysand forces us to take steps which may be rationalized too easily and for good reasons but, in a strict sense, do not belong in the psychoanalytic attitude.

The question to be answered is: what patient is suited for psychoanalysis? There are two aspects to this: one is whether the patient wants help sufficiently while the other is what are the possibilities for growth. I was impressed with Wallerstein's formulation: "sick enough to need it and healthy enough to stand it". The objective research done in the field (Pfeffer, 1959, 1961, 1963; Bieber, 1962) is very important. And Wallerstein's excellent article "The Goals of Psychoanalysis" (1965) is a worthwhile reference.

I expect much to be gained from the making of profiles and katamnestic research, but I would like to remind you of Meehl's remarks in the discussion of Eysenck's (1965) well-known paper.

Research about the worth of psychoanalysis has no importance whatever if the question of *who* is analysed, by *whom*, and for *what* is not

taken seriously. I do not agree with those who object that a patient suffering from classical neurosis with good ego-functions and some neurotic symptoms is what I am talking about and that such patients do not exist any more. Such patients form the greater part of my own clinical material and I do not select them alone. Among the Amsterdam student population made available by Bruggeman, we regularly see many patients with phobias, conversion symptoms, easily treatable depressions and other classical neurotic symptoms in otherwise reasonably healthy functioning people, and similar types of patients are found in the Heidelberg and Frankfurt material. We have to devise ways to make it easy for these patients to find their way to us and, also, to overcome financial obstacles. These patients are suited for analysis "if"—and this "if" is all important as an indication for analysability—there is a strong motivation. When we consider motivation we must not forget that there is a motivation which originates not from the wish to recover but from neurosis. The woman who expects male potency as a result of analysis may fight for a treatment that may result in bitter disappointment. If the motivation is based only on the wish to be freed from suffering this most important and necessary condition for analysability is only partially fulfilled and analysis will not be possible. One should not overestimate the positive meaning of this aspect of the motivation. Psychoanalytic treatment has nothing to offer the patient who wishes only to be relieved of his suffering. However, if his desire to be free of suffering is to be a result of increased self-knowledge and there is a very real pleasure in "finding out" or discovering things about oneself, the latter may not be an aim in itself but is still an essential aim, the patient can be analysed. Psychoanalysis is a Socratic method. The wish or desire for self-understanding, the wish for introspection along with the ability for introspection is so crucial that I give it a most important place in a hierarchy of indications. There is also a neurotic psychological mindedness. I have in mind Waldhorn's (1960) report from the Kris Study Group about indications for psychoanalysis and the remarks about psychological aptitude. The significance is so great that it outweighs, in my opinion, all sorts of attitudes in patients which are often considered to be a contraindication. The patient who has a genuine curiosity and concern about his acting out, for example, can sometimes do very

productive analytic work when he is really motivated to investigate the success of his own discomfort and unhappiness. Also, the patient who is a virtuoso in attracting all sorts of misery and unhappiness, the moral masochist, may be a good analytical patient when the wish for selfunderstanding does not stem from a masochistic need, namely the wish for additional self-punishment and self-condemnation and to be punished and condemned. The right motivation may counterbalance very serious pathology. Often, however, we want to help patients because we feel compassion for their difficult and unsuccessful lives. This feeling is legitimate but compassion cannot be the sole indication for analysis. In such instances other means for helping our patient must be found although this is often difficult.

Frijling-Schreuder has always pointed out in her seminars that a healthy part of the personality is absolutely necessary. He who fails in everything probably will also fail in his analysis. Sometimes our inclination to analyse a patient is related to very appealing character traits which, however, are rooted in pathology: strong regressive dependency needs mobilize our rescue fantasies. The "desperation-indication" is a very bad one. The argument that if it does not do any good, it does not do any harm, may be valid for some drugs but quite often it is forgotten that this is not the case for psychoanalysis. Originally, at this point, I planned to make some remarks about other methods of treatment, but time limitations do not permit this. The alternatives: psychoanalysis or dynamic psychotherapy or psychoanalytic group therapy leads to discussion as fruitless as the discussion of drugs or surgery when the question of which treatment for which patient is not taken into account.

The possibility of validation of psychoanalytic hypotheses depends on psychoanalytic insight and this understanding can only be gained in the classical psychoanalytic situations where transference neuroses can be analysed less disturbed by forms of acting out which interfere with the analytic situation. Appropriate indications for psychoanalysis as well as the future of psychoanalysis are intimately related.

It is doubtful that analysis is the proper treatment method for the schizophrenic patient. I use "schizophrenic" here in the more specific sense. Here the work of Häfner is relevant. He aimed to resocialize the patient and give him an opportunity for social learning.

I want to point out the significance of psychoanalytic group therapy for another group of patients. In these, neurotic conflicts (phobias, inhibitions) have damaged the social learning processes. The neurotic conflicts must be resolved but there is also a need for social learning. The importance of this aspect is considered in Waldhorn's (1960) report where a group of patients first had a psychotherapeutic experience. This raises an interesting question.

Perhaps the patients' reaction in the psychoanalytic group situation can be utilized to assess analysability and whether or not a particular patient can gain more from a personal analysis than he can obtain from a group experience.

I hope that I have made it clear that with the narrowing of the indications for psychoanalysis I do not advocate that we abandon all patients not suitable for classical analysis.

REFERENCES

BIEBER, I. (1962). *Homosexuality* (New York: Basic Books.)

EYSENCK, H. (1965). "The effects of psychotherapy." *Int. J. Psychiat.*, 1.

PFEFFER, A. Z. (1959). "A procedure for evaluating the results of psychoanalysis: a preliminary report." *J. Amer. Psychoanal. Assoc.*, 7.

— (1961). "Follow-up study of a satisfactory analysis." *J. Amer. Psychoanal. Assoc.*, 9.

— (1963). "The meaning of the analyst after

analysis: a contribution to the theory of therapeutic results." *J. Amer. Psychoanal. Assoc.*, 11.

WALDHORN, H. F. (1960). "Some technical and theoretical observations concerning assessment of analysability." (Report by Guttman). *J. Amer. Psychoanal. Assoc.*, 8.

WALLERSTEIN, R. (1965). "The goals of psychoanalysis: survey of analytic viewpoints." *J. Amer. Psychoanal. Assoc.*, 13.

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INDICATIONS AND CONTRAINDICATIONS FOR PSYCHOANALYTIC TREATMENT¹

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After hearing the excellent papers by Zetzel and Kuiper it seems that our symposium topic "Indications and Contraindications for Psychoanalysis," really encompassing the issue of analysability, has been approached on two different but related levels of discourse.

Kuiper has called our attention to the fact that criteria for analysability are far from objective, and are not agreed upon, in consequence of the widened scope of psychoanalysis. A good many analysts find it appropriate to apply the analytic method *per se* to borderline or even frankly psychotic conditions; while others would disagree that analysis in such cases is classical or that it could really be psychoanalysis, *per se*. And Kuiper feels that in consequence of this dilution of analysis, we might lose our main instrument, our basic psychoanalytic method, with its systematic standardization by means of which it gains reliability as a scientific investigatory procedure. Furthermore, we might find, without being aware, that we have lost this method which is so specific for the treatment of the transference neurosis, not for the "so-called good case for analysis", as Zetzel puts it, but for the really appropriate case in which the "standard" systematic psychoanalytic procedure is really appropriate.

The danger, of which there is substantial evidence, is that students are then not properly trained in *psychoanalysis*, and fail adequately to distinguish one type of illness from another, much less to become really competent in applying analysis when the conditions are right for it.

It appears that in certain instances, more so in particular training settings, we have come full circle. First, psychoanalysis was diffused with technical variation to fit the needs of the widened scope of application (having accepted the chal-

lenge of psychiatry in that regard, at least in the past). Next, psychoanalytic training was adapted to the new clinical circumstances so that the students could treat (psychotherapeutically, or, as is claimed, psychoanalytically) all kinds of patients within this widened scope. Finally, the student of yesterday became the so-called psychoanalyst of today, and may well become the training analyst of tomorrow. Thus, the dilution and diffusion proceeds apace. We have seen the effect of this in various ways in America, where a measure of disenchantment has set in with an over popularized psychoanalysis of which too much had been expected.

To turn briefly to the second level of approach, Zetzel, in an immediate clinical sense, has discussed criteria for the assessment of analysability of a particular group of patients, namely, female hysterics. Our two additional contributors will continue our topic more from the clinical side of the assessment of analysability. Diatkine takes up certain considerations which are implicit in the concordance of patient and analyst to embark mutually upon a psychoanalysis, some aspects of which are appreciable only intuitively at the level of the preliminary consultation. Namnum specifies particular ego autonomous functions which are essential if a viable analytic situation is to develop and constructively endure.

However, in closing I would like to suggest that criteria for analysability reflect always the notion of what psychoanalysis is, or can be, or should be. The term "analysability" conveys only as much in common for analysts as does psychoanalysis itself. But that is the nub of the difficulty; on fundamental concepts and definitions of this sort, there is considerable difference of opinion.

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INDICATIONS AND CONTRAINDICATIONS FOR PSYCHOANALYTICAL TREATMENT¹

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The indications which allow the analyst to know when to prescribe psychoanalysis were studied by Freud at the time of his early discoveries. Following the usual medical procedure, patients were placed within a nosological classification enabling the doctor to determine which patients were likely to benefit from treatment: those displaying a transference neurosis, as opposed to those with a narcissistic neurosis, and in a wider sense, those displaying a character neurosis or a late neurosis. However, the extension of analytic practice to include the latter, the possibility of treating patients with sexual perversion, the difficulties encountered in the treatment of genuine hysterical or obsessional cases as well as in the treatment of so-called "normal" cases, have compelled psychoanalysts to see the problem in another light and to wonder whether there is any way of foreseeing how the treatment is likely to develop. This is a difficult question which only a psychoanalyst can answer, and every day we see confirmation of the fact that even the best non-analytic psychiatrists, regardless of how well-read they may be in the matter, cannot recommend a psychoanalytical treatment without running the risk of making a serious mistake. The problem arises from the fact that a study of the superficial aspect of the symptoms leads to a classification which is of definite descriptive interest, but if the matter is taken no further, there is a danger of losing sight of the true meaning of psychiatric science.

To advise psychoanalytical treatment is not an ordinary medical prescription.

When a doctor advises a patient to undergo psychoanalysis, he is involving him in an adventure which is not comparable with any other medical treatment and the way in which such advice is presented shows very clearly that it is no ordinary prescription. The doctor

brings the patient face-to-face with his problem, pointing out to him the way in which he is involved in situations which he sometimes passively submits to, and leaves the responsibility of deciding whether to undergo such treatment to him, without any guarantees as to a cure or as to the length of treatment. All this is fundamentally opposed to standard medical practice in which the practitioner takes the patient much more in hand and assumes responsibility in proportion to his knowledge.

The psychoanalyst cannot adopt this attitude with every patient who comes to consult him. Everyday experience has shown us that in attempting to see how the patient's cathexes and counter-cathexes can be organized, according to what can be perceived of the patient's dynamic and economic equilibrium during the consultation, the doctor can foresee whether, under the right conditions, he would be likely to benefit from treatment. Unfortunately, it is not until treatment has begun, at which point it is often too late for the analyst to withdraw, that the analyst can get a clear, although still far from complete, idea of whether the patient is suited for treatment. Most of the psychoanalysts who suggested a trial period have now abandoned this practice. Such practice did not take into account the importance, from the very first sessions, of object and narcissistic modifications which confer upon a decision to halt the experiment a traumatic quality which could be seriously detrimental to the patient, whatever his situation may be. Therefore this predicting, although it has defects which are now widely known, is essential. However, the aim is to improve foresight through a multiplicity of experiments, despite the difficulty of combining the lessons which may be drawn from various successes and failures.

The attitude which consists in remaining very neutral when receiving unknown patients and merely indicating the conditions of the treatment

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

assuming that this detachment will enable the analyst to differentiate between those patients who will be capable of bearing up under analysis and who will accept the responsibility of wanting treatment and those who will be unable to withstand the frustration required by a correct development of the psychoanalysis, can only be justified in the case of so-called "training analysts." But even in this case, the above-mentioned detachment is liable to operate a selective reduction on future patients who have particularly intense masochistic desires. There is no evidence that these are the best cases for psychoanalysis, any more than there is reason to believe that future psychoanalysts should be recruited in such a manner.

What should the analyst try to foresee when guiding a patient towards psychoanalytical treatment?

To foresee that a patient will benefit from an analysis is to suppose that he will be able to start and to end his treatment, with the beginning and ending processes being connected by definite metapsychological relationships. The beginning of the analysis is a test of the patient's expressed conscious desire to be rid of his symptoms or of the limitations on his activities—in other words, to modify a relatively limited area of his mental processes. The first developments of the treatment, on the other hand, bring him, despite himself, to a re-evaluation of his complete organization and in particular of the defenses which protect him from anxiety, and of the primary and secondary benefits involved in his cathexes and counter-cathexes which withhold from him the danger of a depression. What gives this experience a possibility of succeeding is that the beginning of the analysis involves some patients in a new and more acceptable state of equilibrium, whereas others immediately attempt to incorporate the analytical experience into their usual defensive system which is frequent, but which, if they succeed in doing so, is unfortunate. The narcissistic transfer obtained from the analytic situation may as a matter of fact produce different tensions from the patient.

(1) At best, the relative importance of the "bound cathexes," controlled by the primary processes, decreases, thereby stimulating the activity of the secondary processes. The interpretive working-through employs this organization and brings with it a constant economic exchange, on the ego

level so that what the ego loses in counter-cathexis, it gains in the newer and more orderly function and in the possibilities of aligning itself with the ego-ideal.

(2) At worst, the immediate cathexis of the analyst through transference provokes a reactivation of the patient's defenses, thereby making intangible for the analyst the profound regression which it represents. The patient then lives his analysis as one long acting-in; the words carry a very weak libidinal charge in respect of the intensity of the desire and the cruelty of the frustration which remains for some time unanalysable, and the patient will accept no mediation. This resistance is stronger when the patient's structure reaches a psychotic organization, and as such is characterized by the impossibility of satisfying desires which do not come under the influence of the reality principle.

For some patients, whose defenses are simultaneously rigid and fragile, the start of the analysis can represent a veritable trauma caused by the invitation to free-associate. The ego of these patients is then provoked by instinct affects and derivatives, which the patient cannot use coherently to balance the aggression of the superego. The result is a depression, the importance of which can hardly be foreseen, but which may have serious consequences for the progress of the analysis. Under best circumstances this depressive tendency will allow the patient to disengage his character defenses from their counter-cathexes, and with the help of the patient's superego, projected upon the analyst, the working through may re-establish the economic equilibrium which has been momentarily endangered. But in the worst cases this reaction of depression may cause inhibition of activities which had so far been maintained, and the patient's situation may suffer a deterioration which is very difficult to reverse.

However, the progress of the analysis is not entirely determined by its beginning and many patients who evince at the outset an unreasonable demand for reparation succeed in elaborating intermediary fantasies which allow language to assume its essential role. This change is due to the constant attitude of the analyst. Although he does not fulfil the impossible desire for absolute love, he does not let himself be destroyed nor does he attack the patient, and thus the patient's anxiety and fear of losing the object gradually decrease.

The transference organization must also be taken into consideration since some patients, in particular those whose desires are the least transformed by the reality principle, have a tendency to cathect only the analyst without any external experience intervening to counterbalance the transference neurosis which has become so monopolizing. The vacuum which these patients create around themselves during a long analysis becomes a major obstacle at the end of the treatment because new cathexes become more and more difficult. This encourages the patient to turn back continuously to the only object relationship that he has known for many years, preventing the dissolution of the transference and the termination of the treatment. One then regrets that these developments were not foreseen, as they have become very difficult to reverse from the day when the patient decided to go into analysis.

It is also necessary to be able to determine in advance those patients who will scatter acting out and displaced transference reactions throughout their analysis. Although they present fewer problems to their analyst, their treatment is often difficult and disappointing, despite the fact that they themselves may be quite satisfied with it. In many cases they have approached their analyst passively, expecting that he will cure them magically. There is no great difficulty involved in terminating their treatment, but it is obvious that not much material has really been analysed, that infantile amnesia remains and that transference has only been partially interpreted.

Are there clinical signs which are evident during a preliminary consultation and which allow these developments to be foreseen?

We will not review here the main clinical classifications permitting a preliminary breakdown of the indication/contraindication problem. We will stress mainly those elements which appear to provide day-to-day guidance for recommending or advising against a psychoanalytical treatment. Also we shall not discuss the studies of the psychoanalysts who have attempted to introduce a new typology, either by discussing genital or pregenital structure. Even the distinction between obvious neuroses and borderline cases is a hard one to see before treatment starts and cannot be the result of an inventory of symptoms. Stone quite rightly pointed out that some patients described as borderline turned out to be easier to analyse than patients with recognizable neuroses.

What makes objective discussions on this subject difficult is the fact that many valid decisions orienting a patient towards psychoanalysis or, on the contrary, steering him away from it, do not rest on rational bases but far more on the possibilities of identification of the analyst with the patient, on the pleasure or displeasure that the patient's discourse produces in the analyst, on the feeling, which may or may not be reasonable, of the analyst that he can become the ally of the future patient's ego.

Shortly after a new patient comes into his office, the analyst has to make a decision and choose fairly clearly between two attitudes. He may stay outside the story that is being told him, and concern himself only with placing the patient and classifying him. This has the disadvantage of leaving to one side the most valuable information that the psychoanalyst can gather from an interview which is different from other doctor-patient interviews in that the analyst listens attentively and does not reject the patient by affixing a label to him or by formulating a prescription which would of necessity situate the doctor and the patient in two different worlds. Implicitly or explicitly the analyst invites the patient to talk as if what he had to say could have some meaning other than its apparent content. To accomplish this there is no need to confine oneself to silence, since this will only be necessary during the analysis, and may at this point traumatize the patient without his drawing any particular benefit from it. To listen to the patient beyond the full stop with which he ends the statement of his problems is already one way of showing him that what appears closed to him may have a way out. In the most satisfactory cases, the patient starts to associate and to realize that there are connections between different parts of his discourse that he had never thought of simply because no-one had ever listened to him in such a way before. Consequently what he has said takes on new aspects for him. This change is accompanied by cathexis—which may sometimes be very intense—of the listener who may not yet have decided to accept the patient for treatment. But in any case experience shows us that a psychiatric consultation—or even a medical one—however it is handled, will initiate a transference organization which is generally underestimated.

On the other hand, there are patients who repeat their story without ever enriching it with new meanings. Certain patients are unable to use these meanings because their history is based on

solidly counteracted projections. Although they will readily believe that the events of their life may have played a role in their present condition, the instinctual danger is too great for them to be able to assume any role other than that of the victim of others. The reduction of these projective mechanisms may take a very long time if they turn out to be the only means of instinctual satisfaction, and successful treatment may even prove impossible.

Other patients relate their life without any memory appearing to be particularly loaded with affect. Even if their life has been very eventful, they do not appear capable of perceiving a relationship between the relatively insignificant details that they enumerate and their prevailing discomfort. Their psychic organization is similar to the psychosomatic structures described by Fain, Marty, David, and de M'Uzan, and the patients are most frequently unable to benefit from a standard psychoanalysis.

A psychoanalyst is generally tempted to suggest treatment more readily if the patient appears to have a capacity for imaginative thinking. But in such cases the analyst must determine the way in which the conscious fantasies of the patient are cathected. With some patients, fantasy activity is dominated by the primary processes and although the patient recognizes their unreality, they are traumatising experiences which lead to action. These patients, not being prone to delusional thinking, are not considered as psychotic by classical psychiatrists, whereas the manner in which they invest objects and the unconditional character of their desire may be considered psychotic. On the other hand, neurotic structures which permit a case to be recommended for treatment are characterized by an imaginative and fantasy activity which encourages retention of an acted-out response and which partially counterbalances the displeasure which is connected with unsatisfied primitive instincts. Fantasies having perverse aspects must be studied in terms of this retention capability in order to contrast them with acted out sexual perversions having the same theme.

The prevalence of primary process thinking for dealing with internal tensions, real psychoses being excluded, gives a special quality to the object cathexes of the patients. Concern over this matter may appear surprising since one of the aims of the analysis is the improvement of the possibility of object investment and it would seem normal not to be too exacting on this subject at the beginning. Nevertheless, some

applicants for analysis, who are considered to be only slightly disturbed, can only invest partial objects, and projective identification is their only method of approaching other people. This certainly does not mean that they cannot be analysed, but it does mean that treatment will be difficult and that considerable possibilities of organization must be seen to be available through all the other elements of appreciation if the treatment is to have any chance of success. This special organization of the object relationships is accompanied by an intense and fragile narcissistic cathexis corresponding to a danger of depression; the appraisal of this danger should be the essential element of the decision as to whether to recommend therapy.

In closing, we must remember that the elements which influence the prescribing of psychoanalytical treatment vary according to circumstances, for a given patient. Apart from considerations of age, environmental and occupational conditions, the authors who have studied the problem (in particular Nacht and Lebovici, in France) have stressed the possibilities of re-organizing the investments and activities in such a way that analysis does not use internal obstacles while external difficulties are preventing libidinal satisfactions or new opportunities for sublimation. At this time we shall only stress that the irreversible characteristics of certain situations should be properly realized. Under the influence of his unconscious fantasies, each patient has a tendency to seek in the outer world fulfilment of his drives and in particular his masochistic instincts. The external environment is generally characterized by its tendency to play into the patient's unconscious aims. Thus a person who has a need to feel unloved will manage, without realizing it, to make himself so demanding and disagreeable as to drive away the people in his environment and to end up by being truly unloved. Psychoanalysis, as indeed all experiences having psychotherapeutic value, is partly defined by the different reaction of the analyst who does not play into the patient's hands, who does not supply the answer he is expecting. However, the response of the patient's environment may have been such as to create an irreversible situation, for example a professional failure, social isolation, or an inextricable family situation. The deficiency in the psychic economy related to the lack of object cathexis produces a strengthening of narcissistic cathexes which considerably increase the patient's resistances. If they can be organized, the new possibilities

that the analytic experience has provided may lead to nothing and this single fact may bring about an irreversible convergence of the cathexes upon the analyst and upon the analytic situation mentioned earlier. The economic balance of a patient who is successfully terminating treatment implies that object investments which are possible to satisfy and sublimated activity will be differently distributed according to the situation of the patient. Whatever the patient's structure may be, a long evolution which comprises major inhibitions may destroy any real capabilities for sublimation. This applies, for example, to intellectually or artistically inclined patients who have been irretrievably prevented by their illness from carrying out any appreciable accomplishments in this field. The narcissistic injury caused by an irreversible failure becomes a traumatising factor. The effect of this factor can be compensated for only by a relapse and by the

narcissistic satisfaction of illness, which remains the only source of dignity and importance at the patient's disposal and is therefore an inescapable factor producing chronic imbalance.

The psychoanalyst must bear all this in mind when faced with a patient requiring guidance. He too must show himself capable of sufficient imaginative activity to be able to predict whether he can be an ally to the ego of the unknown person who is living out before him a scene of a drama which has been taking place for a long time and in which he sometimes unknowingly holds a leading role. The analyst's personal analysis has theoretically secured him from his own untimely unconscious reactions but nevertheless the decision to recommend psychoanalytical treatment still involves a certain number of risks for which the psychoanalyst must be prepared to assume responsibility.

REFERENCES

NACHT, S. and LEBOVICI, S. (1958) "Indications et contre-indications de la psychanalyse chez l'adulte." In: *Psychanalyse d'aujourd'hui* ed. Nacht (Paris:

Presses Univ., 2nd ed'n 1967).

STONE, L. (1954). "Widening Scope of indications for psychoanalysis" *J. Amer. Psychoanal. Assoc.*, 2.

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THE PROBLEM OF ANALYZABILITY AND THE AUTONOMOUS EGO¹

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Our knowledge concerning the indications and contraindications for psychoanalytic therapy and the problem of analysability is fragmentary and contradictory. This has been complicated by the widening application of the method because this widening does not often correspond to technical and theoretical advances (A. Freud, 1954). This factor has resulted in the paradoxical conditions that prevail today: that in spite of considerable advances in theory, the skill of psychoanalysts is being applied clinically in a more unsystematic and indiscriminate fashion than ever before. This has necessitated a careful redefinition of psychoanalysis as a therapeutic method, with particular characteristics, within the broad, generally uncharted area of psychotherapy (see Fenichel, 1941; Bibring, 1954; Rangell, 1954). This redefinition has been made both possible and necessary because of advances in ego psychology. Similarly, investigation and theoretical formulations of the psychoanalytic situation and the psychoanalytic process are particularly valuable when they integrate the recent advances in technique, while retaining the essentials of Freud's method (Eissler, 1953; Stone, 1961).

Freud's traditional criteria of indications in terms of his classification of *transference neuroses* and *narcissistic neuroses* reflected his most fundamental principle of the theory of psychoanalytic technique: only those who are capable of developing a transference can be successfully analysed, because, the analysis of the transference is the ultimate curative factor of the therapy. While Freud expressed hope regarding the possible future extension of the application of the psychoanalytic method to the psychoses and to other conditions, in his latest published paper (1939) he referred to this in terms of a different technique (see Stone, 1954). The transference neuroses therefore always represented his fundamental criteria on indications. There is general agreement that patients other than

psychoneurotic do develop a transference and because of this, we think now in terms of (i) the patient's ability to develop a stable object relationship (see Gill, 1954) and (ii) that the transference that develops be capable of being utilized therapeutically (Zetzel 1956, 1965). However, in the practical selection of patients for analysis there are a number of very well known factors which are often not spelled out in statements about indications and contraindications for psychoanalytic therapy. For instance, we are very keenly aware of the fact that in order to be analysed the patient has to be intelligent. The field is further narrowed, when we consider the fact that *psychological mindedness*, the capacity to take a distance from one's own emotional experience, is a requirement and that unless its *apparent* absence is a symptom, there can be no analysis without it. The same applies to the patient's capacity for verbal communication (Guttman, 1960). At various times Freud made very definite statements concerning the importance of a number of these factors regarding the indications and contraindications of psychoanalytic therapy. For example, in 1895 he wrote:

I cannot imagine bringing myself to delve into the psychical mechanism of a hysteria in anyone who struck me as low-minded and repellent and who on closer acquaintance would not be capable of arousing human sympathy (Freud, 1895).

and later on:

a certain measure of natural intelligence and ethical development are to be required of him . . . in this respect the constitution of the patient sets a general limit to the curative effect of psychotherapy (Freud, 1904);

. . . those patients who do not possess a reasonable degree of education and a fairly reliable character should be refused. It must not be forgotten that there are healthy people as well as unhealthy ones who are good for nothing in life (Freud, 1905).

¹ Presented at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

These statements are characteristic of a time when the technique was more advanced than the theory. Today, as Hartmann (1951) points out, it is the technique that lags behind the advances in theory. Consequently, in his writings, Freud's statements regarding indications and contra-indications are made as if they were issues that went beyond the fundamental question of theory of technique, often with the emphasis on the moral and social considerations involved. For instance he does not usually tell us that persons without integrity of character cannot be analysed, as we know is the case; he wrote instead that one *should not* analyse them. From the practical point of view, we know these factors to be wholly as important as the patient's capacity to develop transference and as his ability to have a stable object relationship; yet these considerations appear in the literature as if they were merely practical ones; or else they are taken for granted.

When psychoanalysts have undertaken to establish the rationale of their technique and to explain the nature of its therapeutic action, they have always done so in terms of the fundamental questions of the *transference* and the *resistance*. This reflects the prominence that psychoanalysts in technique and theory have traditionally given to the concept of *drive* and *defence* against the drives; the concept of *intersystemic conflict*. The factors of intelligence, integrity of character, psychological mindedness, culture, and the like, in spite of their being acknowledged as indispensable practical considerations, were not usually integrated in the theoretical formulations regarding the problem of analysability, because they pertain to psychological functions and structures which psychoanalytic theory has hitherto taken for granted, although when it comes to the practical problem of selecting patients for analysis, psychoanalysts are very much aware of them. They are factors which refer to functions pertaining to the area of the autonomous ego. On the basis of recent advances in theory, a comprehensive characterization of the psychoanalytic process includes considerations regarding the autonomous ego, whose manifestations are encountered in varying degrees throughout the analysis just as the other agencies—the id and the defensive ego—manifest themselves in the transference and in the resistance.

I propose to focus on this particular area of investigation by presenting the example of one such factor or function, which is present through-

out the analytic process and which bears the stamp of the autonomous ego. For lack of a better term, I will call it *the will to be analysed*. This I do so as to make a specific emphasis: to convey the idea that the ego has a very active, positive role in psychoanalytic therapy; to counteract the impression which the exclusive emphasis on transference and resistance tends to convey, to the effect that in the regressed condition of the psychoanalytic process, the ego is passively caught between the drives on the one side and the analyst on the other and that its only active participation is then its defensive activity. To convey the idea, perhaps overstating it somewhat, that the ego is, in the end, not a passive recipient, but the real master of the psychoanalytic process, although to achieve this it has partially and temporarily to relinquish its own control.

This will to be analysed is a manifestation of that ego autonomy, in the psychoanalytic process which has been designated with a variety of terms by different writers—a variety of terms depending, as in this particular instance, on the emphasis intended. To mention just a few; "the reasonable ego", "the observing (as opposed to 'experiencing') ego", "the perceptive ego", "the judging portion of the ego", "the healthy remnants of the ego", "the more tolerant ego." It has also been identified with the conscious ego. One particular significance of these terms is that they always reflect the idea of a *split* or a *division*. This was initially seen as a split between the ego and the id (Sachs, 1925), or the ego and the superego (Rado, 1925; Alexander, 1925) and later as one within the ego itself (Sterba, 1934; Strachey, 1934; Fenichel, 1941), a view which is now generally accepted (see Kris, 1956).

The will to be analysed makes itself especially felt at some particular turns in the analytic process. For instance, when the transference bares its true colours, ceases to be a positive factor, as it were, and, being close to the drives and to the defences, joins the resistance and ultimately opposes the analysis. The transference interpretation saves the day only because the transference neurosis can be experienced as an ego-dystonic phenomenon (see Stone, 1954). This capacity to experience the transference as ego-dystonic or ego-alien is evidence of the sway that the autonomous ego holds over the situation. The other manifestations, similar and equally essential, of the autonomous ego are the capacity to experience symptoms and also

anxiety (see Zetzel, 1960) as ego-dystonic. When the transference neurosis is not experienced ultimately as an ego-dystonic phenomenon it is because of deficiency of the autonomous ego. The alternatives are that the transference neurosis be experienced as ego-syntonic, in which case it cannot be analysed, or that it not be experienced at all. These alternatives represent the sway held by the drives or the defences and the superego.

The transference neurosis is never by itself a factor that promotes progress in the psychoanalytic process. In order for the analysis to proceed progressively the balance of transference and autonomous ego has to favour the latter. From this point of view, transference interpretations have the purpose of limiting and regulating the depth of regression in the transference so as to maintain a favourable balance at all times and thus ensure the dominance of the autonomous ego. When the balance is reversed and the condition is one in which there is too much transference-neurosis and too little autonomous ego, the transference interpretation does not work; the process is therefore paralysed and analysis tends to become interminable. When Freud encountered these circumstances in the analysis of the Wolf Man (Freud, 1918), since interpretation did not work, he decided to restore the therapeutic balance in the patient by *handling or manipulating* the transference, which is ordinarily not considered an analytical procedure. This Freud did by utilizing the device of setting a termination date. By thus reducing the depth and the intensity of the transference he enhanced the autonomous ego and the analysis could then proceed. Freud utilized this device successfully in other cases (Freud, 1923), in which under the prevailing conditions the transference could not be analysed. This is by no means an unusual procedure in analysis. On the other hand, in psychoanalytic psychotherapy, the limiting of the depth of the regression by means other than interpretation is an everyday procedure. It works better when instituted at the beginning of the treatment, as a matter of indications and contraindications in a particular case, than when it is utilized as an emergency measure, because of failure of the traditional technique. Alexander's utilization of the procedure of regulating the depth of the transference by means other than interpretation in every case has the apparent advantage of making the analytic procedure less complicated and of wider application (Alexander, 1946,

1953, 1954), while it has the real disadvantage of making every analysis limited in its depth and completeness and the analytic procedure generally speaking more superficial. The question of maintaining an optimal balance between the depth of regression and its therapeutic utilizability is the one most important everyday challenge that requires of the psychoanalyst the exercise of his utmost therapeutic skill. This skill is exercised in the initial appraisal of the patient as well as in the day-to-day conduct of the treatment.

The complexity of the variables involved in the question of analyzability (Lichtenstein, 1960) has made it necessary for the analyst to learn to live with the inevitable unpredictability, with the help of the institution of trial analysis, which at times is the only means to make a reliable assessment (see Levin, 1960). This is also because the balance of forces changes in the course of analysis, in the sense that analysis may make the patient analysable (see Lowenstein, 1960). This change is a manifestation of the fact that the process is a reciprocal one, in which the autonomous ego facilitates the analysis and in turn the analysis enhances the autonomous ego.

Freud's self-analysis is the most remarkable example that illustrates the role of the autonomous factor in the analytic process (see Erikson, 1954). Less remarkable is the self-analysis which occurs after every analysis and during it. In every analysis there is in varying degree the element commonly shared by patient and analyst, "in intellectual partnership," of interest and wish for discovery, a kind of scientific curiosity. In his self-analysis it was this scientific curiosity that lent to Freud's *will to analyse* its maximum enhancement. While recognizing its limitations, Stone (1961) considers Freud's self-analysis "one of the most stupendous achievements of human scientific genius". Freud's self-analysis was of course not devoid of the vicissitudes of resistance. He tells us that when he

for the first time stumbled upon (his own) "Oedipus complex" (Freud, 1925), in bewilderment he nearly abandoned not merely his self-analysis but psychoanalysis altogether, since one and the other were in his case the same thing (Kris, 1945).

He considered his self-analysis "a necessary stage of my work" (Freud, 1950 [1897]) and not merely a means to get rid of his phobia. As in Freud's self-analysis, in training analysis the *will*

to analyse must also, although to a lesser extent, eventually emerge as the dominant factor.

In analysis the ego not only becomes faced with the dangers from the id and incurs the estrangement of the ego-ideal and the wrath of the irrational superego, as well as the misery of interminable phases of negative transference, but it is often also subjected to great pressures from the outside: it may be shamed by others, although in some instances this may be denied in terms of analysis being "fashionable"; and being in analysis is proclaimed and advertized in some instances at the same time as it is being shamefully concealed in others. Thus one hears so-called didactic or training analyses being flaunted, while therapeutic ones are often whispered about or dissimulated. Also for the same reasons one often hears said with admiration, "he finished his analysis" and, with sympathy, "he is still in analysis", or "again in analysis". But analysis may also impose material disadvantages of various degrees, not to mention the frustration and even humiliation that go with the process.

How can we explain the fact that the wish to be analysed and the will and determination to see it through to its end survive all this onslaught from inside and outside that it brings onto the ego? Is the *wish for recovery* sufficient explanation for this? Although perhaps most analyses would not get started without the wish for recovery, a cursory examination of this factor easily shows its limitations as a principal motivation for analysis. The motivation of a patient with a physical illness relies very heavily on his wish for recovery and goes on relying on it during the process of treatment. With psychoanalysis it is different. In the first place, as Nunberg (1955) points out, by recovery the analyst and the patient may mean two different things, and this disagreement becomes the core of a resistance; then there is the fact that many a wish for recovery when scrutinized in analysis is but the conscious façade for fantastic expectations, and when their fulfilment is not forthcoming the patient's motivation suffers a great blow.

Often in the course of the analytic process not only is the wish for recovery given up, but the *wish not to recover*, a "negative therapeutic reaction," appears and the analysis has to reckon with it. And then there is the *secondary gain*, the establishment of the illness as a more or less permanent institution, under fairly stable arrangements. The wish for recovery is

neither sufficient nor stable enough to explain the wish to be analysed and the will and determination to carry the analysis through to its end.

The autonomous ego is the only factor which works reliably for the analysis through every phase of the process. Along this line we may go to the extent of assuming that the autonomous ego may oppose the analyst when the analyst works against the analysis. In other words, to the extent that an individual has entered the analysis by an act of *his will*, to that extent he will try to see it through to its end; although, of course, initially the will may be disguised one way or the other or may be latent; and motivation changes through analysis.

In psychoneurosis at least, when analysis comes to its conclusion successfully, temporary as this may be, the area of autonomous ego will have been enlarged at the cost of the ego's defensive activity. Consequently, the gift for self-analysis as well as the proclivity to analyse others is developed. This is particularly important in training analysis, but it is by no means exclusive to it. It is the result partly of an identification with the analyst and partly of the enhancement of the autonomous ego, independently of the relationship with the analyst, as we might say is the case in self-analysis.

The postulation of *will* as a constant factor in the therapeutic process would require a more careful and detailed definition of the concept than is possible in this presentation, particularly in relation to the psychoanalytic concept of *wish* as put forth by Freud in *The Interpretation of Dreams* (1900) and elsewhere—*wish* being drive-motivated, while *will* may refer to ego-autonomous motivation; and also in relation to the concept of psychological *determinism* (see Knight, 1946 and Wheelis, 1956). In a discussion of the role of the autonomous ego and of the *will to be analysed* in the psychoanalytic process, there is of course no intention of denying the fact that the fundamental technical device of psychoanalysis is the inducement of regression; and we need not enumerate the various ways in which the ego undergoes regression in analysis. However, as it occurs in other situations in which the ego utilizes regressive devices, the end result of the process depends on the capacity of the autonomous ego to regain control of the situation. When analysis ends successfully, it has been an instance of "regression in the service of the ego" (Kris, 1950). The problem of analysability and of indications for psychoanalytic therapy depends on the capacity of the ego to utilize its own regression.

REFERENCES

- ALEXANDER, F. (1925). "A metapsychological description of the process of cure." *Int. J. Psychoanal.*, 6.
- ALEXANDER, F. and FRENCH, T. M. (1946). *Psychoanalytic Therapy: Principles and application*. (New York: Ronald Press.)
- BIBRING, E. (1954). "Psychoanalysis and the dynamic psychotherapies." *J. Amer. Psychoanal. Assoc.*, 2.
- EISSLER, K. R. (1953). "The effect of the structure of the ego on psychoanalytic technique." *J. Amer. Psychoanal. Assoc.*, 1.
- ERIKSON, E. H. (1954). "The dream specimen of psychoanalysis." *J. Amer. Psychoanal. Assoc.*, 2.
- FENICHEL, O. (1941). *Problems of Psychoanalytic Technique*. (New York: Psychoanalytic Quarterly, Inc.)
- FREUD, A. (1954). "The widening scope of psychoanalysis." *J. Amer. Psychoanal. Assoc.*, 2.
- FREUD, S. (1895). "The psychotherapy of hysteria." *S.E.*, 2.
- (1904). "Freud's psychoanalytic procedure." *S.E.*, 7.
- (1905). "On psychotherapy." *S.E.*, 7.
- (1918). "From the history of an infantile neurosis." *S.E.*, 17.
- (1923). *The Ego and the Id*. *S.E.*, 19.
- (1925). *An Autobiographical Study*. *S.E.*, 20.
- (1940). *An Outline of Psycho-Analysis*. *S.E.*, 23.
- (1950 [1897]). Letter 67. *S.E.*, 1.
- GILL, M. (1954). "Psychoanalysis and exploratory psychotherapy." *J. Amer. Psychoanal. Assoc.*, 2.
- GUTTMAN, S. (1960). "Criteria for analyzability." (Panel Report). *J. Amer. Psychoanal. Assoc.*, 8.
- HARTMANN, H. (1951). "Technical implications of ego psychology." In: *Essays on Ego Psychology*. (New York: Int. Univ. Press, 1964.)
- KNIGHT, R. P. (1946). "Determinism, freedom, and psychotherapy." In: *Psychoanalytic Psychiatry and Psychology*. (New York: Int. Univ. Press, 1954.)
- KRIS, E. (1950). "On preconscious mental processes." *Psychoanal. Quart.*, 19.
- KRIS, E. (1954). Introduction to *The Origins of Psychoanalysis: Letters to Fliess*. By Freud (New York: Basic Books).
- (1956). "The recovery of childhood memories in psychoanalysis." *Psychoanal. Study Child*, 11.
- LEVIN, S. (1960). "Criteria for analyzability." (See Guttman, S., 1960.)
- LICHTENSTEIN, H. (1960). "Criteria for analyzability." (See Guttman, S., 1960.)
- LOEWENSTEIN, R. (1954). Contribution to Panel on "Defense mechanisms and Psychoanalytic Technique." *J. Amer. Psychoanal. Assoc.*, 2.
- LOEWENSTEIN, R. (1960). Criteria for analyzability. (see Guttman, S., 1960.)
- NUNBERG, H. (1955). *The principles of Psychoanalysis*. (New York: Int. Univ. Press.)
- RADO, S. (1925). "The economic principle in psycho-analytic technique." *Int. J. Psycho-Anal.*, 6.
- RANGELL, L. (1954). "Psychoanalysis and dynamic psychotherapy: similarities and differences." *J. Amer. Psychoanal. Assoc.*, 2.
- SACHS, H. (1925). "Metapsychological points of view in technique and theory." *Int. J. Psycho-Anal.*, 6.
- STERBA, R. (1934). "The fate of the ego in analytic therapy." *Int. J. Psycho-Anal.*, 15.
- STONE, L. (1954). "The widening scope of indications for psychoanalysis." *J. Amer. Psychoanal. Assoc.*, 2.
- STONE, L. (1961). *The Psychoanalytic Situation*. (New York: Int. Univ. Press.)
- STRACHEY, J. (1934). "The nature of the therapeutic action of psycho-analysis." *Int. J. Psychoanal.*, 15.
- WALDHORN, H. P. (1960). "Criteria for analyzability." (See Guttman, S., 1960.)
- WHEELIS, A. (1956). "Will and psychoanalysis." *J. Amer. Psychoanal. Assoc.*, 4.
- ZETZEL, E. (1965). "Current concepts of transference." *Int. J. Psycho-Anal.*, 37.
- (1960). "Criteria for analyzability." (See Guttman, S., 1960.)
- (1965). The theory of therapy in relation to a developmental model of the psychic apparatus." *Int. J. Psycho-Anal.*, 46.

EXCERPTS FROM THE ANALYSIS OF A CHILD WITH A CONGENITAL DEFECT¹

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As my contribution to this symposium, I would like to bring excerpts from the analysis of a young girl who was born with a congenitally deformed and blind left eye.³

In presenting this material I want to stress an apparent paradox. On the one hand this little girl's deformity became involved in every stage of her development, making her psychological growth truly different and more complex. On the other hand her analysis helped her most by enabling her to delineate and restrict her difference from others to just the sightlessness of her left eye, restoring her self-esteem by limiting her damage to its proper reality proportions. It is possible that from understanding this apparent paradox two very simple, practical suggestions may emerge about the management of the young child with a congenital anomaly or with a severe bodily illness.

Jacobson's paper, "The Exceptions, An Elaboration of Freud's Character Study" (1959), is quite applicable here. Although physically afflicted, my little patient suffered most from being treated as different, as the exception who could do no wrong, somewhat in the manner of the truly beautiful women whom Jacobson describes.

Case Report

Cindy's parents came to me ostensibly to seek advice about discussing the sightless eye with their daughter who was then nearly 3½ years old. Preliminary interviews with the parents revealed that the congenital abnormality had aroused everyone's most neurotic reactions. The eye, for example, had never been mentioned to the little girl, despite the parents having observed her before a mirror passing her hand alternately over each of her eyes. Instead, Cindy had been

treated like a little princess whose every wish was to be granted. Requests for a cigarette-holder like her mother's, real lipstick, a stove that really cooked had all been met.

In her enormous guilt the mother often abdicated her maternal role. She allowed Cindy to make decisions that should only have been hers, such as about choice of curtains, rugs, slipcovers for their newly acquired home. She did not intervene in situations where she knew she should have, such as in allowing Cindy to spend long weekends at the paternal grandparents where very confusing and exciting games were played. To give but one example, the aunt and grandmother played a game in which they were kidnappers, stealing Cindy and her 14-months younger brother, and only sibling, from her parents.

Cindy herself had an unusual symptom in her grotesque way of walking. She leaned backwards with both feet everted, toes pointing to the side. With every step her head rocked down towards alternating shoulders, her face fully presenting forwards at all times. The head-rocking often continued when she was not walking. Needless to remark, this bizarre gait made running impossible and stairs could only be ascended one at a time. An obvious result was that although she made herself quite conspicuous her sightless eye was hard to observe. Her left eye was just a bit smaller than its sighted mate, had an irregularly opaque pupil, but moved concomitantly with the right eye. Later in her analysis, when her expression was not distorted by anxiety and the head-rocking had ceased, the eye was not unnoticeable but did not detract from her attractive appearance.

After two months of meeting weekly with the parents, we became convinced that they could

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July, 1967.

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³ This analysis was supervised by Anny Katan, M.D. and was presented for discussion six times to the Cleveland Child Analysis group. I am indebted to Dr Katan and many others for their many helpful insights and observations.

not adequately discuss the eye with Cindy, although they felt, correctly, that they would be able to support any discussions I would have with her. We also agreed that Cindy's symptom indicated treatment. She started analysis four times weekly when she was 3 years 8 months and continued until her father stopped the analysis just after her seventh birthday.

The Analysis

The first feeling about her eye Cindy brought was anal in origin. She messed and dawdled a great deal in my office, as if wanting me to become involved in the prodding interplay she had with her mother and to clean up after her each day. As we were exploring this, she got busy one day with the hand-mirror that was in the office. She complained that it was dirty, and proceeded to mess it over with clay. In cleaning the mirror subsequently, she told me of a rare brief separation she anticipated from her mother. "She always leaves me and I know why." I asked if she felt it was because she got mother so angry with her messing and fighting. She replied no, that it was because she was a mess, having only one eye that could see.

Very soon, oral aspects of her feeling about her eye made their appearance. She was complaining that neither mother nor I ever did anything for her, listing a series of impossible wishes. These finally settled on our inability to "fix" her eye. She complained then of the children in nursery school. They ate all the cookies, leaving none for her when she came back to school from her analytic session. She corrected herself that they usually left one for her. Maybe it was because they knew that if she could get at those cookies she would eat them all up so there would be none left for anyone else. We could connect then her feeling that perhaps it had been her greedy wishes that had been responsible for her just having the one eye that could see. When she returned to school that day she had a great verbal outburst of oral aggressive wishes. She became a ferocious lion that wanted to eat all the food in the school, the children, the teachers and finally the whole school building.

Her greatest difficulty with her feelings about her eye came in relation to her brother. It was hard for us to know if she was angriest at him for having a penis or for having two eyes that could see. And it was often hard to know when the verbalized anger about one covered a more intense anger about the other. Birthdays and

Christmas were extremely difficult in this context as she was never able to be pleased with what she received. A milestone was reached in the work with the mother when, after a year in analysis, at Cindy's fifth birthday, her great disappointment could be simply dealt with by the mother's explaining that she knew Cindy always hoped that one birthday would bring her a new eye that could see.

Accusations that her mother, and I in the transference, were responsible for her deformity previewed her feeling that it was first her anger and then her masturbation that had caused her damage. When we were seeking a connection between her head-shaking and her masturbation, she told me of a scary dream that made her "shake" with fright. "A large bee came in the window and there was a little one on its back." She wanted to tell me more about this dream and her head began shaking. She was to be in a school play in pajamas and this worried her. She wanted to draw to tell me something. "I'll draw Mr Shakeheader; it's my Daddy. He got in my head through the window." She then drew a picture of two window-eyes, one barred as if it were a jail with a man inside.

It took many days to clarify this, the highlights of which I would like briefly to describe. Cindy said he got in to shake her like he had been shaking mother on Channel 2 (an imaginary channel) on the television. She reported another bad dream in which the big bee, now with a big stinger, was bombed by someone or put in a big box so he could not hurt anyone. This enabled me to say that perhaps sometime she had seen something on Channel 2 that made her think Daddy was hurting Mommy and she took him inside her head to keep Mommy safe. "And he won't get out until my eye is open, until my eye can see."

The next day she wanted to tell me more about Channel 2. It was "no-on-yes." "No" equalled father, "on" meant a baby, and "yes" stood for mother. It seemed clear now that "no-on-yes", the Channel 2 show of Mr Shakeheader, had to do with father shaking mother when making a baby. It was the slow reworking of this exposure to the primal scene, which I believe dated to about her second birthday, that paved the way for the gradual mastery of her strange gait, her "wobbly walk" as she called it.

I describe these rather isolated bits of Cindy's analysis to try to show how her eye was inextricably involved, as would be expected, with every

aspect of her development, including her traumatic primal scene exposure.

And now to the difficulties Cindy had with her feelings. Our first insights came at the time of the initial separation from me over a Christmas vacation. She became worried about the two windows in my office. What would happen if she got angry enough at me to break one of those windows? She answered her own question by saying that then she would not be able to see at all. We were not able fully to clarify this for a number of weeks until she was preparing herself to go to the eye doctor for a routine twice-yearly examination. She began denying the permanency of the blindness in her left eye and insisted it was not because she was afraid of being sad or angry. "If I know that my eye will never see ever, then I'll be so angry at everyone with two eyes that can see I will want to blind one eye in everyone and then people will do it back to me and then I won't be able to see at all."

Another danger with her anger came up much later in her analysis. She had brought an oedipal anger in the transference in the wish that could she get her hands on my wife she would stuff her in the trash can and then burn her up. When I interpreted this as a feeling she must have had with her mother, she was horrified. I said I knew all little girls had these feelings about their mothers. She replied that I did not understand: with her it was different; when she wished her mother dead, she *really* wished her dead. I again said I thought it was this way for all little girls. Cindy was adamant; for her it was different. I asked if it was because she had so many things she was angry at mother about, like about being a girl or about her eye. She firmly said no: it was because her eye was different, she was different, and so her anger was different.

The same trend was apparent about her sadness. Early in her analysis every time a sadness would have been appropriate she either became excited in her head-rocking or left the office to urinate. I did not understand her great fear of sadness until she was sad in her guilt over being angry at me about a separation. She told me she was sad but could not cry because she "didn't understand about this eye-water." She was soon able to cry in the session for the first time when her frank wish to make a baby with me could not be gratified. She cried a second time about a year later when I did not accept the gift of a penny she brought me. This sadness we were able to understand as a transference response; it felt like her father rejecting her because she had only one

eye that could see or because she was not a boy.

But despite these instances of very feelingful sadness and crying she complained constantly that she could not be sad because she could not cry. On this basis she rationalized the persistence of her masturbation fantasies or "good night tricks" as she called them as a necessary defence against her sadness. But there was more to it than this. Quite late in her analysis she brought the wish to re-enter her mother's womb. This came in the context of an excited fantasy in which she would make of herself a body penis. This fantasy became a persistent one which she was finally able to explain. If she could get back in her mother's womb she could be reborn and maybe this time she would have two eyes that could see. When I asked why that wish was so persistent, she burst into tears and, after a moment, ran from the office. She returned promptly, most pleased through her tears. She had gone to the bathroom to look in the mirror and had seen that both her eyes had cried. She wasn't different about the tear-water; her eye was different just in that it could not see. She readily agreed that what was so important was that her feelings were not different; it was just the sightlessness of her one eye.

Discussion

At the outset I mentioned that understanding the apparent paradox about differences might make possible two simple, practical suggestions about the management of the young child with a congenital anomaly or severe physical illness. The abbreviated description of the parents' management of Cindy may suffice in its bizarreness to underline the difficulty they had in dealing with what their child's deformity meant to them. In this regard, experience tells us that they were not unusual in the turmoil they encountered within themselves. I hope the description, also abbreviated, of the difficulties Cindy's deformity presented to her at each level of her development will suffice to support the point that in dealing with a child with such a deformity the parents should have available to them an understanding of normal child development that is beyond what can be expected of average parents.

With these two considerations in mind, it seems reasonable to suggest that parents faced with severe bodily illness or congenital defects in young children should be referred for assistance in dealing with their child's emotional development and should be referred as early as possible.

As child analysts we should consider making ourselves available for such counseling efforts.

The second suggestion deals with one aspect of such work with the parents. Initially the goal would be to assist the parents with their feelings, their guilt, depression, and anxiety so they can be free to discuss the physical defect with their child at appropriate times. If this can be accomplished, the parents can recurrently aid their child in disentangling his feelings about the defect from the developmental conflicts which

appear at each succeeding level (Nagera, 1966), trying thus to preserve the intactness of the child's self-esteem. A most significant aspect of this work throughout, and this is where the second suggestion applies, concerns the child's feelings as such. Here the parents' task is to help the child understand that although he may differ from others in body, he does not differ from them in the nature of his feelings; that he experiences worry, anger, sadness, excitement in the same way as all other children.

REFERENCES

JACOBSON, E. (1959). "The exceptions: an elaboration of Freud's character study." *Psychoanal. Study Child*, 14.

NAGERA, H. (1966). *Early Childhood Disturbances, the Infantile Neurosis, and the Adulthood Disturbances* (New York: Int. Univ. Press.)

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NOTE OF CONTRIBUTION¹ BY D. W. WINNICOTT, LONDON

Dr Winnicott gave a communication based on an inter-change of drawings obtained in what he calls a therapeutic consultation. The patient was a boy of nearly 10 years. There was no common language between Winnicott and the patient and the verbalization was done through an interpreter (Miss Helka Asikainen).

This was a case of congenital syndactyly, hands and feet, a condition also present in the child's mother. The main message communicated by the child was that he needed to be accepted first of all as himself as born, and he showed this by his identification with webbed-footed water birds.

In a corresponding session with the mother Winnicott found that she had in fact at first

rejected this one of her children because she could not bear the sense of guilt which she felt at having produced a child with her deformity when she knew too well the risk that she was taking. Soon she accepted the boy and became a very good mother to him but this was on the basis of having everything possible done to cure his condition. Out of the mother's sense of guilt there had come about a compulsive tendency towards full exploitation of remedial surgery.

As a result of the consultation a more rational attitude could be adopted and there was greater freedom for a discussion as to how far remedial surgery could be used and how far it would be expedient to accept the condition as a limited handicap in the life of this rather normal boy.

¹ Summary of illustrated contribution given at the 25th International Psycho-Analytical Congress, Copenhagen 1967.

CHILD ANALYSIS AND PAEDIATRICS: COLLABORATIVE INTERESTS¹

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Child psychoanalysis is a method of illuminating the child's view of himself that enables the child to liberate himself from many of the obstacles to psychological (intellectual, social and emotional) progress. Many of the insights, reconstructions and perspectives derived from the psychoanalytic treatment of children and adults have been translated and applied to child care and education. In this way psychoanalysis has been able to widen its influence and to make available some of the fruits of the psychoanalytic method which in its complete form is useful to only a small number of children.

For the past fifteen years the Yale Child Study Center has collaborated with paediatricians and teachers in a planned translation and application of psychoanalytic insights and formulations. The aim of these ventures has been dual: to distribute more widely for preventive use the translatable knowledge of psychoanalysis; and to sharpen and refine psychoanalytic formulations and concepts.

The utility of direct observation of children in their homes, nursery schools, the paediatrician's office, and in crisis situations has become accepted as an important contribution to the psychoanalytic understanding of children, just as psychoanalytic concepts have been a fruitful source of guidelines for the care and education of children.

In this presentation the collaboration of a group of paediatricians with a child psychoanalyst over the past ten years will be surveyed in terms of the psychoanalytic concepts applied

and in terms of how these applications have implied the refinement, refocussing or delimitation of certain psychoanalytic concepts and insights. These collaborative experiences have also had an impact on the individual paediatrician in terms of how he uses himself as an essential instrument for facilitating the psychological development of his patients. In this context paediatric care has been viewed as follows:

Comprehensive medical care of the child is defined as the prevention and treatment of physical disease, and the supervision of healthy growth and development, physical and psychological. Through his comprehension of physical, psychological and social forces that influence the child, the paediatrician enables the child and his family to take an active role in solving their health problems (Solnit and Senn, 1954).

For more than ten years, a group of eight paediatricians, joined in the past four years by two more, have met regularly (originally twice monthly and more recently once a month) with a child psychoanalyst to discuss and study typical psychological problems of childhood that they confront in their practice. As described in another report (Solnit, 1968) each session was prepared in the following way: the child psychoanalyst met with the paediatrician and his patient (child and family) who would be the basis for our next conference. The interview took place when practicable in the paediatrician's office or sometimes in the analyst's

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This work has been supported in part by the Children's Bureau and National Institute of Mental Health, U.S. Department of Health, Education and Welfare and the Connecticut State Department of Health, for which appreciation is gratefully acknowledged. I also wish to express my warmest appreciation to my paediatric colleagues who have demonstrated a capacity for scientific collaboration and professional camaraderie that is refreshing and inspiring. Although this study could not have been established without their unstinting cooperation and zest for inquiry, it is also true that the

author must bear any responsibility for deficiencies or ambiguities in this report of our study.

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³ A few families did not accept this consultation, expressing explicitly or implicitly their unwillingness to see a psychoanalyst. We often discussed these patients in terms of the principles, techniques and problems of psychiatric and psychoanalytic referral.

office. The child and family were prepared for this meeting as a consultation in which a child analyst and paediatrician would "put their heads together" in a collaborative effort to assist the child and his family in overcoming or coping with a particular complaint or set of difficulties. After this consultation with the patient and his family, which usually lasted an hour, the child psychoanalyst and paediatrician met briefly to discuss immediate questions and advice that might be sensible and useful to the family. At this time the two physicians also compared observations and inferences which could be kept in mind for the study group. The next conference of the group was devoted to the discussion of this patient and became the basis for consideration by the seminar of the problems, questions, principles, and techniques that were most clearly suggested by the study and management of this patient. Recordings of our experiences stemmed from two main sources: the paediatrician prepared a two- to three-page case report before the conference; and a secretary supplied a typed draft from her shorthand notes of the seminar.

At the beginning, a number of different clinical problems were presented as the basis for our collaborative work. These included families in which either a child or parent had died suddenly, a 6-year-old boy with a school learning problem; a 5-year-old boy with faecal retention; a 10-year-old boy with enuresis and extreme passivity; and a large variety of behaviour problems and anxiety reactions in children under the age of 14. After about six months, the study group became aware that one of the main continuing themes was that of parents who were less concerned and less willing to take action about the symptoms and developmental deviations of their respective children than the responsible paediatrician. In many instances the child had a significant psychological illness which should have aroused concern. This led to an intense, at times heated, discussion of parents who were not cooperating with the paediatrician in his efforts to protect the child's health and to guide parents and child. Previous discussions had enabled the paediatricians to be aware of their tendency to compete with parents or to view parents as those against whom children should be protected. A further consideration of why these patients had been selected for this collaborative study indicated that their

parents were among the most trying people with whom paediatricians work. It was also the analyst's impression and reaction that these patients were unwittingly selected to challenge and criticize the knowledge and techniques stemming from psychoanalysis. However, the analyst's reactions were modified to some extent when he realized again that each of the paediatricians tended to moralize about the psychological difficulties in such families in order to cope with the frustration and sense of failure felt by the physician when he attempts to assist these resistant families and their children. This emphasis was illuminated in our discussions by comparing the paediatrician's questioning attitudes toward a patient, with an infectious disease, to his attitudes toward a patient whose parents appear to ignore a developmental or psychological disorder. In the former, his attitudes could be paraphrased by the questions, "How did this come about and what are the influences, chemical and environmental, that will enable the child to overcome the infection?" In the instance of psychological disorders in these families his attitudes were often represented first by the question, "Who should be blamed for the child's plight?" Often the paediatrician unrealistically assumed that if he could not find someone to blame he would have to hold himself responsible for the child's continuing problems. Then it was helpful to clarify why the parent's denial of the child's disturbance is a part of the child's and family's psychological characteristics and difficulties.

Having identified the vexing theme of the parent who appears to be uncooperative, the collaborative group adopted a different goal, that of studying individual children in such families in order to understand them rather than with the aim of changing the parents and child. As a paediatrician reduced his demand that parents change immediately and significantly, it was possible to elaborate and apply our psychological understanding of such families and to examine the avenues through which a doctor-parent alliance could be established.

The results of this collaboration have been assessed from three points of view. The first was the impact of this work on the individual paediatrician's teaching of medical students, especially the seniors in our outpatient paediatric clinic⁴; secondly, the impact of the collabora-

⁴ These results have been reported and will soon be published.

tive exercise on the private practice of each of the paediatricians; and thirdly, a description of the sectors of psychoanalytic knowledge that were translated and, to some extent, the degree to which these translations appeared to become useful paediatric knowledge. In this presentation the third sector of this study will be emphasized.

The impact of our collaborative exercise on the private practice of each paediatrician has been assessed subjectively by each of the participants. The consensus was that it had enabled each to work more realistically with a small number of patients with complicated psychological problems. However, they felt that the greatest influence of our collaborative study had been to advance their effectiveness and satisfaction in the care of the majority of their patients. Each of the paediatricians in his own way alluded to a greater comfort in his everyday work and to an increased sensitivity to patients' psychological characteristics and difficulties. For example, two of the paediatricians illustrated this impression in the following ways: One said:

"I saw a new patient recently, 12 years old, and during a preliminary interview the mother gave me by a sign or expression, the impression that she was withholding information in front of the child. I had the opportunity to speak to her alone while the child was dressing, and learned that her husband was on medication for control of seizures. This information had been deliberately withheld from the child. I believe that I was able to give this mother a foundation by which she can more easily deal with this subject with her child."

The other paediatrician described the following:

"A few weeks ago, in a routine examination of a child, I was told that the family was going to move because the grandfather had died. I inquired about the grandfather's death and asked what the 3-year-old child had been told. The family had decided not to tell the child about grandfather's death. I was then able to assist the parents to discuss their feelings about the grandfather's death and to work toward providing permission for the child to learn about his grandfather."

Also, there was a striking consensus about the paediatrician's reactions to patients with primary or complex psychological problems. Instead of feeling harassed and eager to refer such patients to some other physician or special clinic the physician's interest in such patients was associated with the expectation that there

was a forum in which he could discuss the particular patient. Part of the expectation was formed by the understanding that there was a psychoanalytic collaborator available to assist in the assessment and planning for this patient.

In studying and treating psychological problems in childhood, paediatricians demonstrated what analysts have learned over the years. It is important to have a group with whom one can discuss his experiences as he gradually arrives at an understanding of his patients and assesses the therapeutic effectiveness of understanding put into action. Although each physician bears the responsibility for his continuing medical education (Spink, 1964), professional isolation carries a significant risk for most physicians. Isolation in solo clinical work may be one of the most important reasons that many paediatricians become bitter and feel helpless about the realities of their practice, especially the fact that a major part of their time and energy is required for psychological, behavioural, and developmental aspects of child health care.

Our clinical studies and discussions covered a wide range of common psychological and developmental difficulties. Although the content and findings of these studies cannot be described completely or discussed in detail in this presentation, it will be pertinent to discuss some of the psychoanalytic views and formulations that were useful in our discussions. These applications of psychoanalytic knowledge to paediatric practice were examined for their usefulness and their limitations.

There were four sectors of psychoanalytic theory that were repeatedly applied in our collaborative work: (i) dynamic and genetic aspects of critical developmental periods; (ii) the psychoanalytic theory of trauma and fixation; (iii) psychoanalytic concepts of mental health; and (iv) psychoanalytic formulations of the identification processes involved in doctor-patient relationships.

The dynamic and genetic aspects of developmental tasks and patterns of object relationships in a family setting came up repeatedly in the context of understanding individual patients and their difficulties. For example, the discussions of a child's reactions to death in a family required us to examine the developmental tasks confronting that child at the time as well as the family constellation and patterns of personal relationships in the family. Such considerations elaborated into the study of developing object relationships, including various

oedipal constellations, and the influence of object loss and mourning reactions on the child's development. Other aspects of ego development were also examined, particularly the changing meaning and influence of object representations, the developing sense of time, and the impact of the adaptive and maladaptive functions of memory and forgetting on the child's unfolding capacities. These psychoanalytic formulations were presented within the conceptual frame of developmental tasks at critical periods in childhood. For example, a paediatrician had been puzzled by Mrs T's concern that her first child, David, would be "... a wild one" if she did not discipline him promptly and vigorously. She complained that David, age 10 months, cried when she was out of sight and crawled after her as she moved from one room to the next. The paediatrician had judged her concern as inappropriate and simply advised her that David was developing well and that at this age his crawling after her was normal. Mrs T became increasingly concerned, and the usual consultation with the child analyst was arranged, with mother, child, and paediatrician present. Mr T had decided that he could not leave his work at that time, and felt besides that David was fine and should not be disciplined. In the consultation, the analyst encouraged Mrs T to tell him about her own family background so he could better understand what appeared to be a puzzling attitude. She spoke of her father and mother with affection and about her younger brother with resentment and criticism. He had been a "wild" adolescent who had sorely troubled his family. Mrs T had been very resentful that her younger brother had been spoiled to the extent that she felt deprived of parental attention and support. She was determined not to have David turn out that way.

After the consultation the paediatrician was able to advise the mother successfully and to understand effectively that her attitudes were those of the past that had been kept alive by neurotic reactions evoked by her brother's birth and subsequent development. In the past twelve years as David has grown and developed, his paediatrician has been able to anticipate this recurring difficulty as it has been revealed in phase-specific modes of expression interacting with the mother's recurring anxiety and neurotic maternal behaviour. Through such understanding the physician has been able to guide the mother and support David in a manner that has contributed to a mutually adaptive develop-

ment. David's partial identification with his paediatrician is also suggested by his wish to become a physician.

The theory of trauma and fixation, an overlapping sector of psychoanalytic knowledge, was also essential in our collaborative studies. This came up repeatedly and characteristically in the context of child-rearing practices that magnified the developmental problems of the children we were evaluating.

In one instance a 3½-year-old boy had marked fears of going to sleep at night. It became clear that these fears had become intensified and elaborated in a setting in which the child was regularly taken into the parental bed. It could be demonstrated that this child's castration anxiety and sleep disturbance had been magnified and elaborated by the traumatic overstimulation to which he was repeatedly subjected. The paediatrician was very helpful in guiding parents and child to a different arrangement which permitted affectionate closeness without overstimulation.

In another instance, a 5-year-old boy, Hugh, had been repeatedly punished physically (traumatized), in an effort to compel him to stop soiling. Spankings had been used as a repeated disciplinary device to promote "character building". The paediatrician, to whom this family had been referred after a move from a distant city, sought our usual consultation after he had seen the child and his parents on two occasions. It became clear that the family would not accept referral for psychiatric or psychoanalytic treatment. In the consultation the analyst demonstrated to the paediatrician that Hugh had formed an attachment to the soiling and the spankings. This fact was a revelation to the paediatrician who had noted only that Hugh was progressing academically and seemed to want to eliminate this babyish habit. With the advice of the analyst the paediatrician deliberately set out to promote the boy's identification with him as a physician. Although analytic therapy is organized under conditions that promote transference reactions, paediatric therapy is organized under conditions that promote the child's partial identification with the physician.

The paediatrician saw Hugh every two weeks, using toys and a pleasant conversation in 30-minute interviews to establish a sound positive relationship. After the second visit, the doctor indicated that Hugh must be "fed up" with his soiling and that if he wished his doctor would

try to assist him in overcoming this embarrassing problem. He explained to Hugh and his parents separately that the spankings were not helpful and the parents agreed to stop this practice. The paediatrician encouraged Hugh to think of what would help him to stop the soiling. Hugh decided that it would be helpful if his doctor telephoned him in the intervening week between appointments to find out how he was progressing. This then led to Hugh's decision to try the toilet at school, which he had avoided until this time. The parents were able to resist the many temptations to spank Hugh during the next three months as the soiling gradually disappeared.

Although paediatric treatment, which in a case such as this often includes the judicious use of medicines (e.g. stool softeners), does not uncover or interpret unconscious conflicts and defences; it applies psychoanalytic assumptions as guidelines for the essentially pedagogic assistance and guidance that the paediatrician provides. Through the establishment of an alliance with the child, based on non-seductive interviews and strengthened immeasurably by the physician's function as protector of the child's physical health, the paediatric therapist invites and facilitates the patient's identification with his attitudes as a health promoter. Through these mechanisms the child's motivations to give up his infantile gratifications are strengthened, and developmental forces are invested in alternate modes of behaviour.

As he improved, Hugh initially became compulsive about his bowel movements—his reaction formation against anality appeared to have become reinforced. As he derived satisfaction from his good performance, improved self-esteem was manifest in his improved socialization at school and in the neighbourhood. The risks in this course of action could be seen in the tendencies of character formation toward compulsive, rigid armour-plating traits. Hopefully, the release of developmental energies for adaptive functions outbalance the defence-constricting tendencies. Of course, we know how tentative such estimates are and how the nature of Hugh's libidinal attachments, autonomous ego functions, and a whole host of other determinants should be assessed if we are to have a complete inventory for understanding and predicting the balance of neurotic and health factors in a particular child's development. Such inventories of development and their follow-up are extremely helpful in refining our ability to assess and predict.

In most instances our paediatric group noted that symptomatic problems such as Hugh's do not develop in patients for whom they have provided care from the time of birth.

A third sector of psychoanalytic theory that was applied, as noted in Hugh's case, for example, was a translation of the concept of partial identification in the service of the child's and parents' alliance with the paediatrician. The psychoanalytic concept of identification has appeared to be especially helpful to paediatricians. Identification has been presented in our discussions as a complex psychological process through which attitudes and motives are conveyed from one person to another as a result of common experiences which cumulatively lead to characteristic relationships of one person with another. In these studies we have discussed those factors in medical care that promote and those that impede the adoption by the patient of the physician's attitudes toward the child's behaviour, his body and its various functions and his growing up. These factors have been examined in the context of illness, developmental crises, parental demands, and school and social experiences. Such a process requires: (i) that the paediatrician recognize and understand the individuality of the child through a sensitivity to his special attitudes; (ii) that a mutual partial identification includes the friendly desire of doctor and patient to please each other but not with the intensity or conflictual characteristics that may be desirable in family relationships; (iii) that the doctor-patient relationship demands a degree of patience from each party (child, family and physician); and the capacity of the paediatrician to tolerate his patient's failure, anger, and disappointment while both search for a successful mode of establishing an alliance that will enable the child to cope more adaptively with obstacles to his developmental progress.

Discussions, especially of younger children, regularly included the ways in which the paediatrician could help the patient to relate to him in a manner that then enabled the child to identify in part with the physician. Taking over certain of the doctor's attitudes toward the child enabled the family to gain a clearer recognition of the child's condition at the same time as it mobilized interest and energies to overcome his illness. For example, through the use of a few toys (a ball, crayons and paper, and a flashlight), the paediatrician set up a pleasant and appropriate atmosphere to

talk to a 5½-year-old boy with enuresis. Through identifying in part with the paediatrician, the child was enabled to discuss the bed-wetting with his doctor, as well as to strengthen his own effective determination to overcome this "babyish habit". The parents, at the same time, could clarify their own attitudes toward their son and were then able to turn over to the boy a more appropriate degree of responsibility for his bathing, toileting, and care of his body.

A fourth sector of psychoanalytic theory, the concept of mental health (Hartmann, 1939a; A. Freud, 1959), contributed to the paediatric assessments of psychological health. These assessments included an inventory of the patient's assets as well as of the liabilities of developmental deviations and symptoms. Paediatricians have an unusual—often untapped—reservoir of knowledge about their patients which has been cumulatively aggregated, often from birth. This longitudinal perspective enables the child's physician to know about capacities that were developing and resources that were adaptive despite a physical or psychological difficulty. For example, the psychoanalytic theory of autonomous ego functions (Hartmann, 1939b) could be formulated and applied in the study of an 8-year-old girl with learning difficulties. This enabled the paediatrician to advise in a balanced manner that the child have remedial reading assistance for her underachievement; and of equal importance, to recommend adequate opportunities for her to exercise and elaborate social and physical skills that had not been invaded by a troubled identification with her tempestuous father.

There are many other psychoanalytic propositions that with adequate translation and refinement can become useful paediatric understanding. These include the considerations of the pleasure and reality principles, the unconscious motivations of parents, levels of stimulation and experience that are appropriate to children at different stages of their development, and various derivatives of psychosexual and psychoaggressive development that psychoanalyst and paediatrician can observe together in their patients.

Over and above what we have learned about methods to facilitate learning about psychological aspects of paediatrics and what the child analyst can learn from his paediatric colleagues is the significance of our collaborative study for preventive medical care of children. As in this project, if each child analyst devoted two hours a week to collaboration with eight to ten paediatricians who on the average would devote an explicit hour a week to such a study, our experience suggests that the effective application of psychoanalytic knowledge in any given community or region could be greatly increased. Although in one three-year period, explicit service of this type was provided to forty families, it would appear that many more families were indirectly the recipients of the fruits of our labours. It would be sensible to view the systematic cooperation of child analysis and paediatrics as an important continuing preventive service that the two professions can provide. Of equal importance is the opportunity to refine and sharpen psychoanalytic formulations through this collaboration.

REFERENCES

- FREUD, A. (1959). The Concept of Normality. Medical Faculty Lecture. The University of California at Los Angeles, April 2.
- HARTMANN, H. (1939a). "Psycho-analysis and the concept of health." *Int. J. Psycho-Anal.*, 20.
- (1939b). *Ego Psychology and the Problem of Adaptation*. (New York: Int. Univ. Press, 1958).
- SOLNIT, A. J. and SENN, M. E. (1954). "Teaching comprehensive paediatrics in an outpatient clinic." *Paediatrics*, 14.
- SOLNIT, A. J. (1968) "Eight paediatricians and a child psychiatrist." In: *The Teaching of Dynamic Psychiatry* ed G. L. Bibring (New York: Int. Univ. Press).
- SPINK, W. W. (1964). "The training of the Physician: continuing education—whose responsibility?" *New England J. Med.*, 271.

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NOTES ON EARLY PSYCHOTIC STATES¹

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In the histories of psychotic children we often meet with the following types of episode: massive transfusions, resuscitation, toxicosis, as well as non-cerebral diseases such as recurrent otitis, skin conditions, surgical operations, immobilization, etc. Some of these children present with mental deficiency, others with developmental dysharmony; others again have psychotic structures without impairment of maturation.

We find that we cannot discriminate between the psychotic structures of the mentally deficient group and the non-mentally deficient group; there seems to be no connection between physical or psychic trauma and the pathological organization. None of the clinical findings—difficulties in relating, whether of physical or psychic origin—could serve as a basis on which to determine the pathogenesis. Our experience also shows that it is important methodologically to keep separate the lines of approach to this problem according to whether they are directed towards the maturational aspect, the learning difficulties, or the libidinal organization.

On which of these lines can the psychoanalyst place himself? He can study the effects of the trauma, specifically the cerebral trauma, on the whole psychobiological development and thus bring into question the existence of a psycho-analytical area of study in early central nervous system diseases. He can accept the trauma as being at the origin of disturbances in relationship, upsetting the first libidinal ties—thus bringing up the question of the reaction character of psychotic symptomatology. He can, finally, study the effects on libidinal development of physical trauma insofar as it is experienced as a psychic trauma, or, rather, question whether there is such a relationship—which leads to a discussion of the genesis of these conditions in psychoanalytical terms. It is on the level of the gap between the traumatic event and the fantasy process (the psychosis) that the psychoanalyst will have to centre his deliberations.

In one concept of trauma and reality and of the reality of trauma psychoanalysis appears essentially as a science of psychogenesis. Only the real psychological traumatic factors would be likely to have a repercussion on the affective state of the patient and thus be at the origin of unconscious conflicts. If there is organic trauma then it is in the reality of its effects upon the psychic system that must be found the essence of the mental process that is supposed to spring from it, that is, on the level of its historical reality. Hence we come to a reaction theory of mental disorders: instrumental or functional damage—disturbances of object relationships—inhibition of drive—all this depending on the child's developmental stage at the moment of the traumatic event. There may be regression, fixation at the level of the source of the instinct, inability to elaborate a defence mechanism, or to reach a higher level of libidinal organization. The reactions of the environment at this stage would lead to secondary disorders following a comparable pattern.

This view of the effects of traumatization is paradoxically linked indissolubly with psychobiological stages of development, to the development of libidinal organization. Paradoxically too, it represents the only possible basis for pathogenic "explanations" which so intensely irritate paediatricians and organicists—from the typical mother of a schizophrenic child to those who conceive of toxicosis as absorption in reality of the bad-food-mother. The psycho-analytic contribution would thus be reduced to an attempt to ascertain the influence of so-called psychogenic factors in mental disorders or to elucidate the "contents". Hence the uneasiness of the analyst, his reticence, or his lack of interest each time a patent biological fact appears to the fore, such as an organic deficiency syndrome with underlying psychotic structure.

Throughout all the modifications in his theory of trauma, Freud persisted in questioning whether the origin of fantasy is internal or

¹ Translation of the paper read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

external. The temptation to ascribe psychic sources to trauma persists, especially in the approach of so called "genetic psychoanalysts," whose aim will depend in fact on our conception of object relationships.

In the case of trauma occurring at a very early stage, during the period when there is no self-object differentiation, it is possible to disregard all difference between the real and the fantasy object. The trauma impedes the relationship to the need-satisfying pre-object. It is the ego defence mechanism which engenders the psychotic process: it detaches itself from the external world, regresses to magical identification and changes in cathectic organization. The child regresses to the stage of confusion between the object and his own body

which corresponds to the confusion during infancy between the infant's own body and his mother's body, to a relationship of an anaclitic type where satisfaction of needs cannot be experienced except as fusion with the need-fulfilling object (Lebovici, 1956).

The object here is purely imaginary, but the imaginary intervenes only in its functions and as defence (evasion in the fantasy), not as a structural element in the process itself.

It is thus that the ego, though not formed, bears the essential responsibility for the psychotic process in the face of trauma. Hence we have the theory of the functional ego. The trauma entails or reveals the fragility of the ego structure; the autonomous ego is not allowed to develop. As a result, there is a fixation at, or a regression to, an obsolete psychobiological stage. According to this conception we see the fantasy dimension of object awareness fade out. Archaic fantasies are understood in a coherent way only as evidence of a process that takes place elsewhere, as banal representatives of psychic experience on the level of relation to the archaic object, preserved as such.

It is the Kleinians who have reminded us that fantasy is not only a product of the imagination to be examined, but a structural element in the psychic processes. When trauma occurs, pathological object-relationships are constituted which, far from being the ego's answer to the failure of hallucinatory gratifications, constitute the psychotic process. At the core of this pathology based on the repetition compulsion and the death instinct is primary anxiety and the fantasy. But the Kleinian theory of fantasy is

that it is the whole of subjective experience that represents psychic reality. Psychic expression of experience is closely related to bodily zones and thus to any impairments in these zones; the fantasy becomes part of the patient's motivation towards an object originally destined to satisfy needs. Every trauma is thus experienced as a psychic attack where the biological subject and the fantasy subject are the same. Hence the temptation to resort to an uncomplicated psychogenetic theory, aimed at the pure and simple reconstruction of a fantasy past through the vicissitudes of a development dotted with more or less accidental events.

Freud's economic approach will help us here. In *Beyond the Pleasure Principle* he introduces a theory about the "traumatic neuroses" which occur following severe mechanical concussion. By following the steps he takes towards this theory we can attempt a transposition to a theory of psychosis. The symptoms following trauma bear no relation to the strength of the traumatic experience but rather to the factor of surprise ("fright"); the repetition of unpleasant experiences

... which include no possibility of pleasure, and which can never, even long ago, have brought satisfaction even to instinctual impulses which have since been repressed ...

is in relation to a gain of pleasure ("of another kind"), liable to become the object of recollection and of mental elaboration.

Following the pattern of protective shields against stimuli, the trauma breaks through the barrier, provoking such disturbance that "the pleasure principle is for the moment put out of action." Then

There is no longer any possibility of preventing the mental apparatus from being flooded with large amounts of stimulus, and another problem arises instead—the problem of mastering the amounts of stimulus which have broken in and of binding them, in the psychical sense, so that they can then be disposed of.

Cathetic energy is summoned to the point of breach. The repetitive character of the process is explained, not so much by the fact that it is in the service of bringing about wish-fulfilment in a hallucinatory manner, even though that has become its function under the dominance of the pleasure principle, but because it has another task, which must be accomplished before the pleasure principle can gain a hold—a function

"beyond the pleasure principle," independent of it, more primary than the gain of pleasure and the avoidance of unpleasure. It is the failure of this task which entails traumatic pathology.

If Freud refers to signal anxiety (its absence being responsible for traumatic neurosis), it is primary, traumatizing, anxiety that concerns us here. No organ for receiving stimuli can be hypercathected; no narcissistic hypercathexis (for example, on the level of the injured organ, allowing for the liberation of excess excitation) is conceivable. At this premature stage of primary narcissism anxiety is not the last line of defence, it is the only one.

The role played by dreams in traumatic neurosis is played in psychosis by the primary fantasies, which are an attempt to master stimuli retrospectively, to bind them. Whether it concerns primary anxiety or the failure of signal anxiety, a stage of primary narcissism or the failure of the secondary process, the theory of "the beyond" subsists. This leads us back to a phase much closer structurally to autoerotism, the area in which the object has disappeared. Such is the meaning of Rank's research. Greenson too holds this opinion:

When signal anxiety regresses to panic or traumatic anxiety, we seem to have a regression to objectlessness (Greenson, 1959).

But Freud pursues much further the study of the relationship between drive and the repetition compulsion; drive would be a pressure inherent in the living organism towards the re-establishment of a previous state which it had to abandon under the disturbing influence of external forces, the role of drive being to maintain, as an interior source of pleasure, the modification thus imposed. A traumatic conception of psychosis would entail the consequence of organic life pushing towards retrograde forms (Freud, 1920). The regression, dictated by the modification due to the trauma, becomes a source of pleasure—which underlines the ineffectual character of chronological genetic explanation, in which Freud's theory has no place.

The pleasure principle, concludes Freud, seems in fact to be at the service of the death instinct. Psychosis, far from representing the result of a "life-and-death struggle" of the ego to survive, is from an economic point of view the best illustration of this assertion. The ego, in so far as it exists at all, in anxiety as in fantasy, exists only parenthetically.

We thus arrive at the whole question of the extent to which analysis is possible, to which the study of the nature of the fantasy must attempt an answer. We cannot deal with this here, but we should remind you that ever since the primal scene theory, analysts have not ceased to refer to the revival of an earlier, primal process, beneath any real trauma, whose sexual charge precedes the distinction between inner and outer; which presupposes an understanding, at a certain level of the psychic apparatus, of the surrounding erotism, not symbolized by the patient, and offering an irreducible core to any further attempt at symbolization.

After abandoning the biological basis, Freud adopted the theory of primal fantasy, a process transcending the individual and the imaginary experience, and which presupposes a symbolic order. The fantasy structure is defined in its symbolic function and in its reality function, and not as imaginary preceding the sense of objective reality, translating through the mediation of a fantasy scenario a symbolism founded in bodily reality (Laplanche and Pontalis). It is in this way that the fantasy, organized and organizing, can emerge in analysis and become analysable.

Any possible link between real premature trauma and psychotic organization is by way of the interpretation of the hiatus not only between the experienced event and the pathological instinctual process, beyond the pleasure principle, but also between the experience and its hallucinatory revival, below the recognition of the object, on the level of the splitting between the satisfaction by the pre-object which gratified needs and the fantasy object on whom the child's desires are centred.

It is only later that the instinct loses that object, just at the time perhaps when the child is able to form a total idea of the person to whom the organ that is giving him satisfaction belongs. As a rule the sexual instinct then becomes autoerotic (Freud, *Three Essays*).

Beyond the pleasure principle, beneath the event. A traumatic theory of psychosis, based on premature organic injuries, allows us to reject any psychological cause and to replace the genetic point of view in an ahistoric perspective, in which an economic concept, that of the second theory of instinctual impulses, and a topographical point of view, rendering an account of the nature of fantasy, should precede

any reference to the organization and defence of the ego; also any attempt at a reconciliation with the psychobiological organization at the moment of the traumatic event.

It is only in this way, furthermore, to the extent that the psychoanalyst recognizes the role of prevention, that we can be listened to by the paediatrician.

REFERENCES

FREUD, S. (1905). *Three Essays on the Theory of Sexuality*. S.E., 7.

— (1920). *Beyond the Pleasure Principle*. S.E., 18.

GREENSON, R. (1959). "Phobia, anxiety, and depression." *J. Amer. Psychoanal. Assoc.*, 7.

LAPLANCHE, J. and PONTALIS, J-B. (1964). "Fantasy and the origin of sexuality." Eng. transl.: *Int. J. Psycho-Anal.*, 49. (1968).

LEBOVICI, S. (1956). "Une observation de psychose infantile." *Evolut. Psychiat.*, 4.

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SEVERE BODILY ILLNESS IN CHILDHOOD¹

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My point of departure is Anna Freud's paper (1952) which provides a guideline and an infrastructure for subsequent elaboration. I agree with her main thesis and, in particular, with her conclusions regarding prolonged immobility and the manifold castration meanings that surgery takes on (at all ages). Anna Freud's paper, in the main, concerns itself with bodily illnesses that are not "severe" or, to use her words, with cases in which the child "is not defeated by the type or the intensity of the illness itself". But the point to be discussed today is what happens if the child is partially or totally defeated by the very nature of the somatic insult. And here we tread on far less known grounds.

It has helped to clarify my mind to construct a scale of illness severity, such as is done in medicine to define degrees of damage from exposure to heat or, more recently, by experts studying the effects of malnutrition (Serogguie, 1954). My system of gradation is, by definition, quite arbitrary, used for speculative purposes only, and I shall single out some of its shortcomings.

I intend to define three grades of bodily insult for severe illnesses; all three grades share the above mentioned quality, viz., the insult has partially or totally "defeated" the child over a period of time. At first I thought of introducing the notion of "threat of death" as another common factor, but it complicates things too much. For similar reasons I have dismissed "pain" as a variable and to some extent (cf. below) "mothers". I am aware that in so doing I am limiting the value of my exposition.

I define as *Bodily Insult grade 1* a severe illness which may appear in one or more episodes but which in its active manifestations would not "insult" the child for much more than one-fifth of the span considered (early childhood) and does not leave irreversible physical sequelae.

A *Bodily Insult grade 2* is a severe illness which covers more than one-fifth of the time

span and/or leaves irreversible physical sequelae.

A *Bodily Insult grade 3* would be a major physical disaster that maims a person for life.

My classification has shortcomings. There are some metabolic diseases, like diabetes, that are hard to pigeon-hole for they may be a Bodily Insult of grade 1, 2, or even 3. Secondly, although the implication of such a scale is that the damage to mental development is greater going up the scale, this is not a clear-cut issue and I consider that some diseases that by definition should be placed as Bodily Insult 1 in my scale can have a more negative aftermath than a Bodily Insult 2 typical disease. In my exposition I consider the disease and its treatment as a unit. The treatment, indispensable as it may be, can often have more deleterious effects than the illness itself.

Before using my classification I would like to add another parameter which also shows my theoretical frame of reference. I place a landmark in early childhood and consider whether the Bodily Insult has occurred before or after the structural change which Kleinian analysts define as the consolidation of the depressive position, namely, the child's capacity to "experience" whole objects, to envision his own self as a unit, to have some experience of sameness and continuity and to be able to experience ambivalent emotions towards people. To this I would add the capacity to form representational symbols (Segal, 1957). I would not mind, theoretically I mean, if someone argues that a somewhat different kind of position takes place round the second half of the first year. Moreover, I believe that there is a lot in common between the depressive position and the resolution of Erikson's first epigenetic crisis.

Bodily Insult grade 1

The issue of *location* has to be taken up here. First, whether it is an overt or covert insult. In an overt insult, the child (and milieu) are able to

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967. I wish to express my gratitude to three analysts who discussed this paper with

me: Drs E. T. de Bianchedi, J. Marotta, and my wife. Also, to Dr A. Gianantonio, a paediatrician, to whom I feel particularly indebted.

locate, see, suffer, speak about the ailment. A covert insult, usually metabolic illnesses, is an insidious ailment where no location is available and may even be painless. Secondly, there is another type of location to be considered: whether the Bodily Insult stands in the mainstream of early ego and libido development (skin, mouth, anus, penis, muscles, lungs and gastrointestinal tract) or whether it takes place outside those highly cathected areas. My first assumption is that if the Bodily Insult grade 1 takes place outside the mainstream and/or is covert the aftermath would tend to become more harmful to mental development, less amenable to working through. A complicating factor here, furthermore, has to do with *chronology* not only regarding the relation between the Bodily Insult and the depressive position, but following Erikson's epigenetic series, we have to ponder on the issue of whether the Bodily Insult grade 1 and the *physiological meaning* or *mechanism* of the ailment falls in line with the mode of the prevailing phase of psycho-social development. An example would be whether an illness whose physiological meaning is intrusive³ coincides with a maturational mode which is retentive. Another type of oversimplified example could be whether a disease of the gut takes place before, during, or after the dominance of the anal organization of the libido. Here I think we know next to nothing and I believe that a systematic study of a condition like megacolon may yield interesting data. My provisional assumption would be that the aftermath of a disease whose physiological meaning reinforces rather than runs counter to the maturational mode would be less detrimental for mental development. By this I mean that the chances of a severe "bodily" confusion with alterations of the body image, isolation, and denial are somewhat lessened and then the pace of growth may not be severely altered. The nature of the trauma may be such that the child can recuperate in later years. I think that the *physiological meaning* of the disease (intrusive, retentive, encapsulating, etc.) may be in itself an interesting subject for study.

Now I come to a further assumption: *representability* helps to lessen the aftermath of a Bodily Insult. By representability I not only mean the conscious and unconscious awareness of the nature of the disease but also that the

child is in possession of a set of symbols to be used as tools for working through. But, to start with, I feel that unconscious awareness is important as a matrix for representability and here I have a point of disagreement with Anna Freud. She states:

From what age onward the bodily event is supposed to carry psychic meaning for the infant will depend altogether on the analytic observer's theoretical assumptions concerning the date when unconscious fantasies begin to exist (1952, p. 76).

I agree with her, but the point is, what happens if a bodily event *does not carry psychic meaning*? Miss Freud reasons that by not having psychological repercussions it is not harmful; thus her claim, for instance, that early circumcision is not a trauma. This is debatable, for we can postulate "psychic meaning" as an adaptive mechanism, as a regulating function so that if something—like the amputation of the foreskin—happens to the body *outside* the reach of the mind, with its adaptive mediating functions, the aftermath may be more deleterious.

To come back to *representability* as a whole, it also implies the use of symbols. Full representation occurs after the depressive position, at the outset of the anal phase. Regarding symbolization, the anal phase and the digestive tract can be conceived as the most intense period and location for the genesis of symbols. Not only does it stand in the main, stream of libido development but, at that time, something like a "symbolic explosion" takes place with the projective modality of the anal phase coinciding with speech and early expressive drawing. Thus, full representational symbolism—of the post depressive kind enables working through and the Bodily Insult grade 1 may be assimilated. For those reasons an early analysis is to be recommended.

What happens at the pre-depressive stage when symbols are not available as items to stand for objects (and function as equivalents) is not so clear. What we do know is that dissociation, denial and splitting mechanisms predominate and that the unconscious derivatives of the damage done by a Bodily Insult grade 1 may be very hard to reach. But I fear that I am falling back into analytical jargon to cover up my uncertainties.

³ Most intrusive diseases I can think of would be of a traumatic nature, but if we consider illness-treatment as a unit, most medical manipulations would be intrusive

and hence iatrogenic. I am not using the term "iatrogenic" in a pejorative way; but it is a fact that we can and often must "harm" in curing.

Bodily Insult grade 2

One has to ponder here on what happens when a lasting or permanent damage strikes at a crucial period of growth, when so many important events take place so fast. Cases of prolonged immobility may be quite typical of Bodily Insult grade 2 and Miss Freud has discussed them in some detail. In recent years Freud's early dictum that thinking is a delayed form of action has been a key concept, and the research work of Holt (1965) as well as Bion's (1961) conceptualizations indicate the essential role of motility in thinking and reality adaptation. Clinical contributions point out that serious thought disorders may arise from periods of immobility in childhood, for instance bizarre constructions of space-time relations (Aberastury, 1958; Luchina and Wender, 1964). This is a field for further research.

At the level of Bodily Insult grade 2 I have in mind what seems to happen in speech. Sapir (1925) discovered the "lalling stage", a period that starts in mid-infancy and usually ends early in the third year. In that period the child is something like a sound-making laboratory; he babbles, coos, prattles, and is constantly experimenting with all kind of "phonic substance". This drive to vocalize goes into the fabric of his emerging speech: it is the stuff out of which words are made. But once the lalling stage is over it is very difficult to train a mute child to speak. And here is my question: do we know enough about maturational phases and processes to detect similar stages of greater activity which it is vital for a child not to miss?

A typical case of Bodily Insult grade 2 is poliomyelitis with residual deficit. I have treated cases in that condition and I would like to single out three points. First, how the whole experience "polio" functions as a third primary object over and above its being a fixation point and the injured limb a highly cathected zone. In one case it was as feasible to interpret that the injured limb stood for the psychotic mother (the patient had really had), as to say that the psychotic mother stood for the injured limb; they functioned as equivalents in a very complicated net of cross projections. Secondly, I found out that great confusion existed between fantasy and reality and between stimuli that took place outside or inside the patient's skin. Maybe there is a better word than confusion to describe this phenomenon of the patient's lack of concern for defining his spatial and temporal

boundaries, which creates in us the need to act almost like the patient's sensory organs. And, finally, many of these patients experience the insult as such a tremendous narcissistic blow—an unspeakable sensation that something irreparable has been done to them—that it seems to be out of keeping with the nature of the sequela.

In cases of Bodily Insult grade 2 the notion of adaptation has to be reopened. What should be our therapeutic aim? How much of the "incurable" have we to face as such? This may be quite painful for the physician in us and the main risk is to deny and also allow the patient to deny that there is a limit to what we can do. Some of these problems are well discussed by Lussier (1960) who distinguishes in his patient between those fantasies that involve denial and those which are operational, and how, at times, it is very difficult to set them apart. In these cases the therapist should not have a definite therapeutic aim for he may run the risk of fostering denial or, conversely, hampering progression. (I personally would not undertake a treatment of a person doomed to die if, in some private corner of my inner world, I did not have a glimmer of hope—call it magic, if you will.)

Bodily Insult grade 3

Here, I believe we are on uncharted grounds. When a ravaging disease has turned a child into a cripple or a half-man, "words", our stock and trade, are often not good enough. Or I may be wrong, as the classic case of Helen Keller implies, for with that deaf-blind-mute child who behaved like a wild animal up to the age of 7, it was the discovery that "w-a-t-e-r" meant that cool sensation in her hand that initiated the most dramatic mental revolution that has ever been recorded.

Analysts are rarely exposed to Bodily Insult grade 3 cases and our main experience in psychopathology has been gained in studying such different cases that new ideas and a lot of field-work would be needed to be able to speak meaningfully of this group. Our very ideology as therapists may also be in need of revision.

The title of this symposium, "The Influence of Severe Bodily Illness on Mental Development", carries, I believe, some kind of implicit comparison. If I am right, the main items compared would be "severe bodily illness" and "severe psycho-social deprivations" (hospitalism, early confinement in total institutions,

extreme poverty). Maybe a differential statement is expected of us and we shall probably fail here.

It seems to me, however, that cases of Bodily Insult grade 3 have to be taken almost always as a phenomenon which transcends the individual and that extreme negative conditions are liable to happen in his psycho-social setting.

I put forward two possibilities here. First, that the illness itself is bound to distort severely

the patient's family or reference group. Second, that it may be the outcome of extreme negative conditions in the child's environment. To illustrate this the best example is the most common of all Bodily Insult grade 3—which incidentally is the *most* common disease in the world—crippling hunger. Is not mankind, viewed in a broad psycho-social setting—committed here in the sense that it shows the extent of contemporary alienation?

REFERENCES

- ABERASTURY, A. (1958). "Dentición, marcha y lenguaje". *Rev. de Psicoanál.*, **15**.
- BION, W. R. (1961). *Learning from Experience*. (London: Heinemann.)
- FREUD, A. (1952). "The role of bodily illness in the mental life of children." *Psychoanal. Study Child*, **7**.
- HOLT, R. R. (1965). "Ego autonomy re-evaluated." *Int. J. Psycho-Anal.*, **46**.
- KELLER, H. *The Story of My Life*. (London: Hodder & Stoughton.)
- LUCHINA, I. and WENDER, L. (1964). "Yo motor. Aprendizaje y duelo." *Rev. de Psicoanál.*, **21**.
- LUSSIER, A. (1960). "The analysis of a boy with a congenital deformity." *Psychoanal. Study Child*, **15**.
- RODRIGUE, E. (1956). "Notes on Symbolism." *Int. J. Psycho-Anal.*, **37**.
- SAPIR, E. (1925). "Sound patterns in language." *Language*, **1**.
- SEROGGUIE, A. (1954). "Distrofia." *Rev. Col. de Pediatría*, **21**.
- SEGAL, H. (1957). "Notes on symbol-formation." *Int. J. Psycho-Anal.*, **38**.

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CHILD ANALYSIS AND PAEDIATRICS

THE INFLUENCE OF SEVERE BODILY ILLNESS IN EARLY CHILDHOOD ON MENTAL DEVELOPMENT¹.

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We would like first of all to state that we have excluded from this report the psychic after-effects of cerebral lesions, in order to limit the field of our investigations to the time at our disposal. We have likewise excluded all cases in which hospitalization had assumed such importance as to complicate the study of the part taken by the illness *stricto sensu*. We shall not present a summary of the psycho-analytic literature on this subject which we have collected; we prefer to describe the essential elements furnished by a case, analysed for five-and-a-half years by one of us.

Philip was 5½ when he was sent to analysis, with a diagnosis of autism. An only son, he was afflicted with Fallot's tetralogy with serious oxygenation insufficiency. For this reason, he had to stay in bed most of the first three years of his life, and thereafter he had to be very limited in his play activities. At the age of 5 he underwent a first surgical operation, after which the defect in oxygenation had improved: he had been given a greater extent of freedom in his motor activity. His mother, a former well-known movie actress, was very narcissistic, dissatisfied with her present life, and frustrated by her husband's indifference and by her child's illness. Clearly her child represented to her the only true source of interest, and upon him she localized her anxiety and discharged her aggressiveness.

The father, likewise disappointed by his child's physical anomaly, had progressively detached himself from his wife and child. During his first analytic sessions, Philip showed an obvious difficulty in interpersonal relations: he only seldom and then rapidly looked at the analyst's face, excluded him from his activities and did not give any sign of having registered his interpretations. Such an attitude changed altogether later, to the extent of excluding the previous diagnosis of autism. At the onset of therapy, he had a considerable instability when

moving about and playing and his play activities also seemed retarded with regard to chronological age. Soon he showed a need to deny his handicap and to affirm his normal condition as compared with others, an urge expressed through different mechanisms of defence, as follows:

(1) *Denial of reality* through acts and fantasies, aimed at the affirmation of his omnipotence, by way of extraordinary *exploits* and of exceptional aspirations. He fixed aims for himself which did not tally with his real physical capabilities, showing that the feeling of his own "self" detached itself from reality. Defeat brought about strong aggressive and partly depressive reactions, due to the fact that the perception of his own limitation no longer enabled him to live, in fantasy and play, in an omnipotent fashion and according to the pleasure principle—the latter having priority over the reality principle. Omnipotent fantasies could not be entirely abandoned as they were the expression of the urge to deny his handicap in order to avoid fear of being destroyed. Even the aggressiveness against the mother and against those who endeavoured to limit his wishes (bad and persecutory objects) represented a way of denying his fear that the expression of his instinctual drives in the fight would constitute a danger of death for him, owing to his cardiac condition and the anxious preoccupations that the mother continuously conveyed to him.

(2) *Projection of aggressiveness* manifested itself in the fear of being destroyed in the same way as he imagined the destruction of other people; he often manifested in his play the fantasy of destroying everybody and everything. Projection had also contributed in developing annihilation anxiety through dramatization of external reality. This was perceived as aggressive, partly as a result of the three years of forced rest in bed. The very few dreams reported by the patient were all of persecution, under a very primitive and childish form: wild animals

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(tigers and bears) chasing him to eat him up.

Mechanisms of aggressive oral introjection expressed themselves through different play activities and by great voracity, whereby he wanted to reach a state of omnipotence. On the other hand, the attempt at expulsions of introjected bad objects somatized itself in the increase of peristaltic movements and in faecal discharges. These represented at the same time an attack against the mother, who was deeply tormented thereby. This aggressiveness against the mother, however, carried with it a component of self-punishment, because it caused reproaches (for having caught a cold, or for having eaten certain food) as well as alimentary restrictions. Exhibitionism of symbols of power expressed itself at different levels: anal, phallic, etc. The mechanism of "splitting" was very intense. The mother first, then any other object, was perceived as "bad", downright annihilating, when it was not wholly permissive and gratifying. Every part represented the whole, so that he was overwhelmed with anxiety, despair, and wrath even if he lost things of very little value, because the annihilation (retaliation) anxiety for his whole body could not be seen as separate from the fate of an item of his property.

The analysis of the ego enabled us to ascertain that during the first three years of analysis the indiscriminate use of some defence mechanisms, mostly of denial, succeeded in influencing negatively reality-testing, so that the patient sometimes showed an incapacity of borderline type. Moreover, the general course of the analysis has proved that integration and adaptation to reality, with the exception of self-evaluation, were not seriously impaired. The ego had not undergone excessive restriction, and even a sufficient amount of sublimation was possible, for example, in the good results at school, achieved by the patient after three years of analysis.

The structure of the ego seemed to have suffered from the earliest stages of his development. Thus Philip showed intense curiosity about the normal functioning of the various somatic apparatuses, and mostly of the cardio-circulatory apparatus, in contrast with the obvious need to scotomize the problem of his own cardiac disease. This curiosity represented an attempt at restoration of the ego, obviously impoverished, thanks to the introjection of images of the "good" organ and to the denial of his ill organ. As regards the phases of

development of the libido, the data given above lead us to consider that Philip had remained fixed at the stage of oral narcissism. His objects were always treated in the frame of a narcissistic cathexis, and not invested with object libido. His relation with his mother was marked almost exclusively by pregenital characteristics, and even in play and in other symbolic activities brought about during the analysis, oedipal material appeared only seldom.

On the basis of the data which we have presented, we may infer that the physical illness of this boy affected mainly the development of the integrative functions of the ego, a readily understandable finding if we consider, as Frankl (1961) states, that the object integration is represented by the formation of (i) the body ego, (ii) the self, (iii) the mental representation of the most important objects, (iv) the representation of the world, (v) the identity. These objectives follow a hierarchy from a developmental standpoint, and Spitz has justly stressed that the normal development of every stage is subjected to the previous stage having been sufficiently overcome. We wonder whether in our patient, as in those of Lussier (1960), of Frankl (1961) and of Grinker (1953), the illness did not alter the integrative capacities of the ego, primarily by the disturbance in the formation of the body ego. The fact that, in psychoanalytic literature, cases of congenital illnesses are more easily found, in which motor activity was altered in a marked manner, prompts us to put forward the hypothesis that the disturbance of the ego is tied up not so much with the seriousness of the physical illness as regards the danger to life, but rather with the negative effects which the illness might have, both on account of its duration and of its modalities of action, upon the formation of the body ego and of the feeling of self.

The modality of action having the greatest influence in this direction is represented by the limitation of motor activity, since the impossibility of performing a great range of acts which contribute to the formation of the body image will bring about, not only a delay, but also an imbalance in the development of the body ego.

The fact of being restricted to bed during a long period of time has as a consequence a predominance of visual and oral perceptual experiences (together with incorporation mechanisms) and a scarcity of motor experiences.

This will bring about alterations of aggressive impulses (which will be dealt with further on) and will lead to, on the other hand, a decrease in the experiences altering the formation of the self, in its function of "frame of reference" (according to Spiegel) as well as of self-feeling.

The decrease in the tendency to undergo painful stimuli and to integrate them in the self (for instance, falls during the first attempt at walking), could explain an accentuated tendency to rejection and further non-integration in the self of experiences or of feelings that are unpleasant (*vide* Philip's intolerance of the slightest frustrations of his desires), which lowers the "perceptive constant" of evaluation of unpleasant experiences.

The inhibition of aggressiveness consequent upon the limitation of movement prevents the control of the inner world and of the outer world, thus developing the mechanisms of projection and the formation of persecutory objects, the more so as the defences against the latter are hindered by the condition of illness. As a matter of fact, the images of the parents change, in the child's perception, when their anxiety in face of the illness and their incapability of protecting him against it become evident. All this explains why the mechanisms of "splitting" (of the object as well as of the ego) and of denial (stressed also by Lussier) are so predominant in these cases, that they seem to us typical of this kind of patients. It is obvious that these mechanisms have as a main repercussion the hindering of the integrative processes of the ego. This reinforces the above hypothesis according to which these processes are disturbed mainly by physical illness of early childhood.

The above mentioned alterations of the development of the body ego and of the self are accompanied by a simultaneous disturbance of the genesis of the first object relationships. It is

obvious in this connection how difficult it is to discern the pathogenic part respectively played by the altered development of the body ego, by the perception of aggression sustained during the illness, by the constitutional equipment, and by the parents' personality.

In particular, the personality of a mother who has been frustrated narcissistically (as in the case of Philip) might bring about in the child, who is symbiotically tied to her, the constitution of a "complacent core" to the mother's wishes to reconstitute, within the child, her own ego-ideal (by denying the illness). Such complacent core (which Winnicott calls the "false self") could explain the structuring, within the child, of:

(i) a feeling of the self not corresponding to its reality (but adhering to an ideal of omnipotence) which gives a psychotic imprint to these cases;

(ii) the denial of the illness (that is the denial of the aspects which accentuate the maternal narcissistic injury) as an expression of the child's participation to the mother's desire to keep up the symbiotic relation;

(iii) the covering up of a "real self", whose disposal of an ample quantity of cathexes to invest in the object world is proved, on the other hand, by the evolution of the cases that have undergone treatment.

The coexistence of a healthy nucleus of the ego with a false self justifies the differentiation of this category of patients from true psychoses. We believe, at least on the basis of the cases hitherto reported, that the serious physical illnesses of early childhood bring about only partial disturbances of the capacities of integration of the ego, and direct the further development of the personality towards narcissistic disturbances of identity, recently described by Rose (1966) and others.

REFERENCES

- BELL, A. J. (1959). "The psychological consequence of physical illness in the first three years of life." *Psychoanal. Quart.*, 28.
- BERGMANN, T. (1945). "Observation of children's reaction to motor restraint." *Nervous Child*, 4.
- CALEF, V. (1959). "Psychological consequences of physical illness in childhood" (Panel report). *J. Amer. Psychoanal. Assoc.*, 7.
- FRANKL, L. (1961). "Some observations on the development and disturbances of integration in childhood." *Psychoanal. Study Child*, 16.
- FREUD, A. (1952). "The role of bodily illness in the mental life of children." *Psychoanal. Study Child*, 7.
- GREENACRE, P. (1952). *Trauma, Growth and Personality*. (New York: Norton).
- GRINKER, R. R. (1953). "The effect of infantile disease on ego patterns." *Amer. J. Psychiat.*, 110.
- HARTMANN, H. (1950). "Comments on the

psychoanalytic theory of the ego " in *Essays on Ego Psychology*. (New York: Int. Univ. Press, 1964).

JACOBSON, E. (1954). "The self and the object world." *Psychoanal. Study Child*, 9.

LUSSIER, A. (1960). "The analysis of a boy with a congenital deformity." *Psychoanal. Study Child*, 15.

PERROTTI, N. (1964). "L'io e il Sè." *Psiche*, 2.

ROSE, G. J. (1966). "Body ego and reality." *Int. J. Psycho-Anal.*, 47.

SPIEGEL, L. (1959). "The self, the sense of self and perception." *Psychoanal. Study Child*, 14.

WINNICOTT, D. W. (1960). "Ego distortions in terms of true and false self" in *Maturational Processes and Facilitating Environment* (New York: Int. Univ. Press, 1965).

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CONTRIBUTION TO SYMPOSIUM ON PSYCHIC TRAUMATIZATION THROUGH SOCIAL CATASTROPHE¹

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Recent years have produced a rich literature on the subject of delayed mental effects of Nazi persecution. This literature reflects the difficulties connected with objective scientific investigation due among other causes to the fact that research workers can hardly get over their consternation that one of the most cultured nations could, in the course of a few years only, so reverse its human and moral values as to apply hitherto unheard-of methods of destruction of individuals, groups and whole peoples. This obviously brings to the fore the very serious problem of how to prevent such destructive "mass-psychoses" in future, but this question will not be touched on here. Most of the publications are devoted to the genesis, phenomenology, and psychodynamics of the clinical syndrome found among survivors of the Nazi concentration camps and only a proportion deal with problems of psychotherapy. I should like to give here a few results of the experience acquired in the course of the last twenty years.

The clinical picture typical for survivors is described by most authors in a fairly similar manner, though nomenclature often varies, as for instance: concentration camp syndrome; repatriation or survivor syndrome; neurosis of uprooting, and so on. No clinical symptom, hitherto unknown, has been described and the specific features of the clinical picture becomes evident in the symptomatic constellation rather than by one special feature. The significance of these new terms appears to me to consist in their indicating that mental stress, once it exceeds a certain measure of intensity and duration, may lead to severe impairment of the fundamental psychobiological processes in the victim. This impairment may sometimes cause irreversible and even progressive mental changes which may resist any treatment.

For psychiatric theory these experiences lead to far-reaching consequences, demonstrating again the narrowness of any concept which

considers essentially only the organic factor in the causation of mental diseases. Survivors show that psychic resources are not inexhaustible and that not merely "temporary reactive" mental disorders can be ascribed to psychic traumata but that these can bring about permanent alterations in mental functions. As well as the experiences of survivors of the concentration camps, delayed effects of other stress situations have been investigated, e.g. the results of brainwashing, of long imprisonment in Prisoner of War camps, of naval explosions, etc. Longitudinal clinical studies showed in these cases, too, serious psychopathological disturbances appearing after long, free intervals similar to those found in concentration camp survivors.

The contribution of psychoanalytical research to the understanding of these disturbances is rather modest. Owing to the nature of the material, psychoanalytical treatment could be carried out only to a limited extent with the victims of Nazi persecution. The conclusions derived from these experiences surprised the analyst less than they did the psychiatrist. In accordance with psychoanalytic theory, a decisive role in character formation and later psychic functioning, especially neurotic-reactions, was always ascribed to "external" events occurring during early development. This view, established by decades of experience, appears, however, to be valid only so long as the social background in which the person grew up remains preserved. Once this social stratum becomes upset to an extent where the mental apparatus cannot any longer function in the groove of its development, the personality structure must of necessity undergo a change. In situations of extreme stress, when the habitual mental functions do not suffice to integrate stimuli, there occurs a change in the basic regulation and functions of the "ego." The terms employed by various authors to mark the psychological symptoms of Nazi victims as

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"reactive change of personality", "restructure of personality", "existential loss of structure" are apparently intended to show that the psychopathology of concentration camp victims cannot be understood by means of existing psychiatric terminology. The question of what kind of processes, including defence-mechanisms, the organism might have made use of under such extreme conditions has hardly ever been posed, much less answered. This is the question which Freud (1930) raises in *Civilization and its Discontents*, where he remarks that

moreover, in the case of the most extreme possibility of suffering, special mental protective devices are brought into operation.

Different ideas concerning the nature of the "basic damage" of the disturbances dealt with in this context are expressed in the literature. They can be traced partly to the theoretical approach of the author and partly to variations of the material at his disposal. Since these personality changes are many-sided, deep-rooted and far-reaching, every author can find facts which would tally with his particular point of view.

As is well known, one of the common means of persecution consists in scattering social groups, especially families, the individuals being thereby prised out of their social background and placed in situations of loneliness. Von Baeyer (1964) sees in this "social isolation" the "core" of the reactive chronic depression in these victims and their "endogenous uprooting" as a consequence of massive "exogenous isolation". It seems that mental reactions are different in cases in which extreme stress is shared by a whole group and is not felt as an individual injury, from cases in which the individual as such and not being part of a discriminated group, or alternatively an individual who might be a member of a discriminated group without, however, the entire group being implicated in the disaster, is subjected to the extreme suffering.

When perusing investigations dealing with the relationship between clinical features and various variables, the most significant variable, besides duration and kind of persecution, seems to be age. Where persecution hit "grown" individuals in a way which caused basic damage to their personality structure, psychotherapeutic techniques have little impact. The few publications dealing with successful psychotherapy of Nazi victims refer generally to patients who have

been subject to the traumatic experience as children or adolescents.

This finding, of course, does not mean that older patients should be left to suffer their fate. The goals of their treatment should be limited, however, and based on all the experiences gained in the treatment of non-neurotic impairment of ego-functions which do not necessarily always exhibit psychotic clinical symptoms. (See the Symposium held in Tel-Aviv 1966 and reported in *Israel Annals Psychiat.*, 5.)

I now wish to give a short presentation of two cases who were not in concentration camps. The first was a victim of Nazi persecution in early childhood and presents problems usually met in analytic treatment. The second, born to Nazi victims suffering from symptoms seen in the concentration camp syndrome, raises the question whether and how far such disturbances can be transmitted to the next generation.

Case 1. R, a student of philosophy, was born in 1938 in France, of Polish-Jewish parents. She came under medical care for a chronic gastric disorder and when the physician observed her depressive state, her anxiety revolving around examinations and difficulties in studying, he recommended psychoanalytical treatment. In the first session, R expressed her doubt concerning the success of such treatment. She said her complaints had persisted for many years and she added that she came to this country since she could not abide the atmosphere at home. Her mother, she stated, was domineering and "hysterical" following her wartime experiences. She denied any possible relationship between events during the persecution and her physical malaise as she spent the war in the country living with a Christian family. She did not even submit an application for restitution despite the advice of a lawyer.

It would be too much to present here the course of analytical treatment which extended over three years; I shall only refer to the part relevant to our subject. In the first few months R was unable to associate, was uncertain, unstable, and ascribed this to a feeling of abandonment. She asked childish questions, mostly referring to personal data of the analyst to whom she offered all kinds of small services as if she wished to get a hold on this new relationship. This difficulty in talking in the therapeutic situation, especially about persecution experiences, which is so frequently reported, seems to be due to an inner helplessness and

inability to verbalize these experiences rather than to a resistance in treatment. A change occurred following a dream in which her father tucked up her little brother. With an expression of sadness she told of how few memories she had of her father. When she was placed with the "other family", she had forgotten him and recalled him only when she was returned to her mother. He was a warm-hearted, affectionate personality who had a great affection for her. Thus she told of an incident she had heard from her mother of how during their flight from the Germans, R cried and wanted an apple. "The fool," said her mother, "risked his life going back to find it."

When R was 3 years old, her father was taken away by the Gestapo and never returned. She did not react to this, "either by tears or by fear". Shortly afterwards she was handed over to an Aryan family. She broke into temper tantrums and showed aggressive-destructive behaviour even against herself, e.g. scratching herself until she bled. Spitefully she wetted her bed and refused to eat. At first she justified her behaviour by complaining that she was kept short and badly treated by the family. In the course of treatment, she corrected this recollection by revealing that this family was devoted to her, visited her subsequently, and brought her presents. It was for the sake of security that R was sent to a family in the country where the mother could no longer visit her. There she became a well-behaved child, trying to take part in the life of the foster parents. When the 20-year-old son of this family was arrested for participation in the resistance, R reacted by fear, disturbed sleep and nightmares, quite differently from the time of her father's arrest six months before. This state of anxiety passed after a few weeks and R was apparently undisturbed till 1944, when she returned home.

During the analysis R began to understand that her behaviour with the first foster parents expressed her reaction to the separation from home and that the second episode was a delayed integration of anxieties relating to her father's arrest.

It may be mentioned that up to the present, she has "ritualistic" ways of conduct rendering intimate relations with male partners difficult, as an expression of fear that anybody who loves her has to die. Even with the analyst she refused to shake hands so as not to "come too near" and thereby endanger him. The lack of adequate reaction to the loss of her father

tallies with the well-known absence of grief in concentration camp victims. After having dealt with the problems connected with her father-image, R became more at ease and the analysis of her relationship with her mother, which remained her decisive problem, could be taken up.

Her return home was a shock to R; the greater freedom appeared to her as unsettling, causing anxiety and insecurity. At school she was fairly successful, but had no friends. The first depressive states and learning difficulties appeared at puberty; some somatic complaints became manifest mostly in the abdominal region. On the initiative of her mother, R left school to be trained in household tasks and to get married. This led to increasing anxiety and she escaped to Israel where, however, she did not get the expected relief.

In the course of the treatment, her learning potential improved considerably and the complaints of pain diminished. However, she was not able to start any intimate relations. Once, when it almost came to sexual intercourse, an acute panic in the form of a short psychotic episode ensued. This response startled R less than it did her partner who immediately broke off relations. As with many of the persecution victims, R managed to adapt herself to normal conditions of work and social demands, but failed when faced with entering intimate relations or founding a family.

It is difficult to consider in retrospect the eventual development of this patient, had she not gone through the traumatic events, with early separation from her parents, the threefold change of family and the traumatic atmosphere encountered upon return. The following symptoms correspond to those found in the concentration camp syndrome: (i) difficulty finding her identity; (ii) weak social ties; (iii) generally depressed mood, inclined to apathy; (iv) aggression turned on the self; (v) psychosomatic disorders; (vi) tendencies to self-reproach, self-punishment, and various neurotic rituals.

Case 2. E, born in 1946, was brought to the psychiatric clinic for treatment, because of learning difficulties, sleep disturbances, anxiety, withdrawal, and occasional restless wandering. He was fourteen months under treatment before he had to join the army. No difficulties at all were noted during military service.

In the course of the first few weeks E was taciturn and suspicious. He became more at ease when he spoke of his nightmares which resembled

in content the typical dreams of persecutees. Since he himself had not gone through such events, he was asked whether he had heard of these things. It was then revealed that since childhood E had suffered from paroxysmal attacks of anxiety. He felt afraid of being assaulted in the street and kidnapped, and therefore feared to be left alone. When 10 years old, while his father was away in the Sinai campaign, E refused to leave the flat where he remained close to his mother. E improved upon his father's return.

In the course of treatment, it emerged that E's father was for some time in a concentration camp during the war and later joined the partisans. He told the little boy repeatedly of his experiences, involving torture, hunger, sufferings. These tales got hold of the child's fantasy. E recalled episodes of destructive rage and "wildness" which he had when 6 years old. Inanimate objects became alive and he subjected them to all the sufferings his father told him

about, thus acting as the aggressor. Deep anxiety interwoven with guilt was discovered as a reaction to these aggressive fantasies. He was a vegetarian in an almost conscious defence against cannibalistic fantasies.

E's father was well integrated, though he complained of headaches and irritability. When asked about his life during the war, he became reserved, closed up, and stated that he recovered all right.

Summary. In the first part we have briefly dealt with the psychic changes due to extreme mental stress based on prolonged observation and the literature on survivors of Nazi persecution. Two cases were then presented, "marginal" from the point of persecution, which exhibited typical symptoms of the "survivor syndrome" without having actually been internees of concentration camps. These cases prove how far-reaching the sequelae of such persecution can be and that they may appear even in the second generation, the children of the persecutees.

REFERENCES

- VON BAEYER, W. *et al.* (1964). *Psychiatrie der Verfolgten*. (Berlin: Springer.)
 CHODOFF, P. (1966). "Effects of extreme coercive and oppressive forces." *Amer. Handbook of Psychiatry* ed. Arieti, Vol. 3. (New York: Basic Books.)

- ETTINGER, L. (1964). *Concentration Camp Survivors in Norway and Israel*. (London: Allen & Unwin.)
 FREUD, S. (1930). *Civilization and its Discontents* S.E. 21.

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THE CONFRONTATION WITH DEATH¹

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In considering the human reactions to the atrocious experiences in the German concentration camps, and to other recent forms of man-made disaster, we must take into account not only the nature of the stress inflicted on the victims but also the duration of the trauma they had to endure. In the camps, those who were not immediately sent to the gas-chamber—and especially those few who survived throughout—lived in constant confrontation with death over a period of months or even years.

When we consider the fate of concentration camp victims, we must keep clearly in mind that we are dealing with a very heterogeneous group of people, and that, in addition, it is unrealistic to treat the camp itself as a unit. In Auschwitz only a small minority of those who were put to work had any possibility of holding out. Most prisoners were made to do such heavy work on so little food that they soon became exhausted and were selected for the gas-chamber. But even among those who, accidentally, were living under relatively favourable conditions, there were essential differences in their chances of survival. These differences can be discerned only on very close scrutiny, and perhaps only by one who knows that world from personal experience.

Yet while recognizing how intricate was the world of the camp, there did exist a number of conditions to which all the prisoners were subject. Everybody suffered physical exhaustion and constant, continuous humiliation. The indefiniteness of the imprisonment, the end of which no one could foresee, was an extremely heavy stress for every one of the prisoners. Beyond all these, I consider being daily confronted with death as psychologically extremely traumatic. This confrontation was most striking in the extermination camps. While in camps like Buchenwald and Dachau many prisoners died each day, death was, so to say, a side effect. In Auschwitz, and above all in Treblinka, death was the very purpose of the almost perfect destructive apparatus devised by the persecutors.

In order to examine the psychological implications of the confrontation with death, let us take first the experience of a mountaineer suddenly confronted with death by a fall. His experience provides the most clearly defined example of a severe trauma, although it is one that usually lasts only a few seconds. The reactions have been described by Pfister in a paper, "Shock Thinking and Shock Phantasies in Extreme Danger of Death" (1930). In this paper he describes how, when mountaineers fall in the mountains, after the first few seconds of the fall their fear disappears and threads of all kinds of thoughts arise that show no logical connexion with the actual happening. Memories of youth may appear, having a certain analogy with the present danger but in which the person has been saved. This obviously is connected with comforting memories, with the illusion: "Just as I was saved then I shall be saved now."

One of Pfister's patients relates that during his fall he had a feeling of sitting in a dog-cart. He was saved by falling onto a thick layer of snow, and afterwards he could not understand what that dog-cart had meant. He asked his mother, and learned that as a 2-year-old child he had been dragged by a big dog for a distance of over a mile; everyone had been surprised that he had survived. Here we can clearly see the consolatory function of such threads of thought.

As with the mountaineers, we see that most of the ex-prisoners can remember nothing of their very first days in the camp. The memory is lost. During that time, secondary-process thinking is switched off and the more sophisticated ego-functions, such as reality-testing, are suppressed, since to experience the whole reality at once would be overwhelming and would cause chaos. In the camp, too, enormous quantities of affect have to be controlled, yet one must remain capable of reacting more or less adequately.

Sometimes the process of regression goes too far. Then there remains only what might be

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called a rudimentary psycho-motoric ego. If this state prevails, the end will soon follow. The most necessary reactions, every kind of warning and adaptive activity, have been lost. I saw strong young men succumb in a few days to a state of total apathy. A Dutch doctor was accidentally kicked in the heel. He got a slight inflammation, put himself to bed, and after four days he died, without showing any clear symptoms of illness. This may be called a form of suicide. With others it took longer and physical exhaustion was manifested along with a state of mental apathy.

Whereas the trauma of the mountaineers was short, the prisoners, insofar as they survived the initial selection for the gas-chamber, had to cope with reality for an indefinite length of time. Then, often after a period of deepest regression, a progressive development took place—a re-organization of the personality, in which there occurred a re-cathexis of those fragments of the surrounding world that could be useful for survival. Such an adaptation can be compared to the way in which a young child discovers the external world in the first development of the reality principle. There too, there is as yet no experience of the world's totality and continuity. Only the here-and-now exists: yesterday and tomorrow are equal, and both are without reality.

If a prisoner eats his daily bread-ration all at once, although it would be wiser to divide it over twenty-four hours, he has, of course, a rational explanation for this. He says: "Next minute the bread may be stolen." One could also say that his hunger cannot be stilled. But a closer analysis shows us that these are only rationalizations. In his reality no "tomorrow" exists. Of course the prisoner knows that there is a "later-on", that there exists another world on the other side of the barbed wire, but this does not interest him much. "Later on" and "the other world" are no longer cathected. To sum up, we can say that the prisoner lives to an extreme degree in his immediate place and time. The world is fragmented and primary process functioning plays an important role in his mode of thinking. The relation between actual happenings and the world outside the camp has become vague. But in this same way the end, the gas-chamber, could be a reality and yet be experienced as not having any relation to the here-and-now.

To cope with reality, the prisoner had to build up a system of defence mechanisms on the weakened and archaically functioning ego. There

exists an extensive literature on this topic. In this context I only want to express my disagreement with Bettelheim's opinion about identification with the aggressor being the main type of defence. An active attitude like playing the role of an SS man oneself would sooner or later have aroused new aggression in the guard, and this might then mean the end of the prisoner. However, there were undoubtedly certain minor traits in the SS men which the prisoners imitated, consciously or unconsciously. These lent a sort of protective colouring to the prisoner. I am referring here to the imitation of passive attitudes rather than to an identification with the cruelty and ego-ideals of the SS man.

One instance of such imitation was by a doctor, who had to report the number of sick persons each morning to the SS inspector. He told me that from the very beginning he would click his heels sharply when making his report. Thanks to this, the SS man always seemed to be satisfied and no difficulties ever occurred. Also, those who could make their beds perfectly and who could react quickly to military commands did not draw attention to themselves, since they were behaving exactly according to the same rules of obedience as were demanded of the SS men.

As I said earlier, I believe the continuous confrontation with death to have been of the utmost importance in the complex of psychically traumatizing events. Although the prisoner lived always in the here-and-now, death was also always present. This was an actuality that could never be fully isolated or split off from the immediate awareness. An attitude towards death had therefore to be developed that made the thought of dying bearable. Psychologically seen, it is very doubtful whether anyone can imagine death as absolute nothingness. Indubitably, the prisoners in the camp could not do so. What did death mean to them? For some it meant the ultimate security, a return to the mother's womb. I once heard a remarkable instance of a patient who tried to commit suicide by jumping between blocks of ice in winter. When the analyst later asked what he had expected to find, the patient answered that it would have been so nice and warm there.

Another aspect of death is that of joining the Father. At the feet of the God of Vengeance, the prisoner will look down upon his former tormentors and see how they finally become the victims of revenge. Undoubtedly, analogies exist between the concentration camp prisoner's concept of death and that of old men or incurable

patients, described by Eissler in *The Psychiatrist and the Dying Patient* (1955), and by Norton in "Treatment of a Dying Patient" (1963). There is an old people's home in the country in Holland that has the encouraging name of "Through-way". The old people sit in front of their houses, quietly smoking their pipes, without bothering about their destination. This must be a state of mind similar to that of the prisoner who was allowed on Sunday to sit in the sun in front of his barrack for half an hour.

One of the ways in which the prisoners coped with the ever-present imminence of death was by treating it with macabre humour. Over the gate at Auschwitz stood the motto: "Arbeit macht frei". The prisoners completed it: "Arbeit macht frei, Krematorium drei" (Labour makes free, crematorium three). On a drawing made by an Israeli artist, when he was in camp as an 11-year-old, you see a chimney smoking and in the smoke the picture of a man burning. In the joke as well as in the drawing the latent content is the belief that although the body has been burned the soul is freed and lives on.

It is obvious that the prisoner whose mental apparatus has undergone these changes would show serious defects of adjustment on returning to normal society, and that a re-adaptation would have to take place. I cannot here deal with the complex of social and psychological factors upon which the success of this re-adaptation depended. I wish only to make some remarks about the specific difficulties and the possibilities of therapy.

Each time the prisoner managed to protect himself with the help of passive and masochistic attitudes, he undoubtedly experienced some narcissistic gratification. Personalities with a certain degree of flexibility in this direction did far better than those of more rigid character structure, who were unable to deal with their aggression. But on returning to normal society, the ex-prisoner was unable to rid himself of the fear caused by the image of his own death, with which he had been confronted. Too often, he was—or still is—inclined automatically to associate "future" and "death". For this reason, he has restricted himself once again to a state of social isolation, to a here-and-now.

One of the most typical of the after-effects from which the ex-prisoner suffers is the tendency to react to difficulties in his life immediately with painful fantasies and anxiety dreams about the camp. The latent content of these might be: "I was able to manage the difficulties then; I can

manage them as well now." These dreams, just as do the mountaineers' threads of thought, thus have a consolatory function comparable to that of examination dreams.

The avoidance of the image of his own death gives rise to a persistent syndrome in the ex-prisoner. The therapist who deprives the ex-prisoner of his defence mechanism leaves him alone with his weakened ego and subject to severe, free-floating anxiety. The situation in the treatment of such patients is comparable to that in the analysis of borderline schizophrenics: the therapist, on breaking down the "as-if" self, often has to offer himself as an auxiliary ego. A comparable parameter technique turned out to be helpful in the analysis of severely traumatized ex-prisoners. But to these patients, the analyst could offer something else: namely, the patient's own self as it must have been before imprisonment, before what has been called "the break in the life-line".

In the beginning of their analysis, ex-prisoners tend to minimize their camp experiences, attaching the emotions aroused by those experiences to the here-and-now or to the events and persons of their life before imprisonment. One patient always described his mother as a most demanding and cruel woman, ascribing to her the traits of an SS man. The analyst instructed him to find out from those who had known her what his mother had really been like. By constantly confronting the patient with the results of this inquiry, he was able to re-establish the original representation of the mother and thus to undo the retro-projection. Only after the patient's ego had been strengthened in this way, could the experiences of the camp be recollected, together with tremendous outbursts of aggression.

The ability to deal with aggression is of the utmost importance for the ex-prisoner. Suppressed aggression gives rise either to psychosomatic illness or to chronic depression; externalized aggression leads to what Hoppe calls "hate addiction". Today, for many of the ex-prisoners, the most serious problem is that they so often direct their aggression onto their children, thus fulfilling the Biblical saying that the sins of the fathers shall be visited upon the children unto the third and fourth generation. Many of those who escaped the Nazi terror are now ageing people, too old to start analysis or ever to be totally free of the after-pains of their suffering. But by helping them to deal with their aggression, the therapist may be doing important preventive work in the interest of those to whom the future belongs.

In a paper entitled "Death and the Mid-Life Crisis", Jaques (1965) argues that depression in middle-aged people is a normal phenomenon, occurring when they realize that they themselves will also have to die. Medical evaluators estimating the work-disability of former prisoners are often inclined to compare the late sequelae of persecution to such normal phenomena, or to describe them as "involutional depression". While the survivor-syndrome may sometimes be

evoked or reinforced by the thought of ageing, the survivor, in contrast to other people, has never been without the image of death; he cannot rid himself of it and therefore can no longer face the future. He falls back upon the defence mechanisms described, because for him death has become too obtrusive a reality. This may explain the persistence of the late or lasting after-effects of the confrontation with death in the concentration camp.

REFERENCES

EISSLER, K. (1955). *The Psychiatrist and the Dying Patient*. (New York: Int. Univ. Press.)

JAQUES, E. (1965). "Death and the mid-life crisis." *Int. J. Psycho-Anal.*, 46.

NORTON, J. (1963). "Treatment of a dying patient." *Psychoanal Study Child.*, 18.

PFISTER, O. (1930). "Schockdenken und Schockphantasien bei höchster Todesgefahr." *Int. Z. Psychoanal.*, 16.

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LATE PSYCHIC SEQUELAE OF MAN-MADE DISASTERS¹

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Lately von Baeyer has observed that gross injuries during concentration camp experience of long duration may be surprisingly well overcome whereas seemingly lesser sufferings may bring about serious late psychic sequelae. Let me define my point of departure concerning the meaning of "lesser" injuries in the context of my observations. It is the sum total of experiences of arrest with violence and bodily harm, and the consequent confinement in various Nazi prisons, physical suffering, and witnessing physical tortures and killings, the acute crushing of self-esteem along with the total deprivation of civil rights, and consequently a condition of helplessness and hopelessness. This affective condition calls for the choice of that defence mechanism which would best protect the self from intolerable anxiety and conflict, namely regression. The latter would provide, in accordance with the concepts of Grinker, Engel, and others, one pre-condition for psychosomatic reactions and disorders to which the overwhelming majority of victims of persecution succumb. Out of 118 patients examined by Hoppe no fewer than 117 belonged to this category.

This is one of the pathways along which the same psychodynamic factors are seen at work, and this explains why basic similarities exist in the late psychic sequelae of concentration camp victims of long duration on the one hand, and in those who suffered comparatively short imprisonment on the other, a fact which strikes us at first sight for various reasons as surprising, and one to which sufficient attention has not yet been paid. No obvious quantitative factor is at work within this well-defined group. In many cases which I have examined, guilt feelings, the "survivor syndrome", as Niederland has called it, was outstanding.

Personal experience during confinement of a few weeks in a Nazi prison revealed to me that the disorganization of personality structure may be a very rapid process. Restitutional processes are also remarkably independent of duration and

kind of injury. Acute depersonalization can show itself almost within the first few hours after arrest and imprisonment. The acute signs of fright and stupor were readily observed, the latter giving way to apathy within a few days. In some cases mourning ("mourning syndrome" of Trautman) was the most conspicuous reaction, notably among intellectuals. It is my impression that in this group chronic reactive depressions and unbound hate-drives prevail among the late sequelae. Frequently the demands of the ego-ideal are perceived in a distorted way culminating in uncontrolled or canalized reactive aggression. Differentiation must be made between these and aggression through partial identification with the aggressor with which I will deal later.

With one notable exception the same signs and symptoms are described in victims of concentration camps in the literature, in this and other symposia on the sequelae of man-made disasters as are given for those who in the course of their persecution were never imprisoned. In my experience the most pervasive single factor in what has been termed "Entwurzelungsneurose" (Wenzlaff) (displacement-neurosis) is the suffering of chronic humiliations throughout the years of life as emigrant in the outlaw existence, especially in countries with extremes of "otherness" in respect of ethnic, mental, social, and climatic conditions. In order to understand the psychodynamic pre-condition concerning the importance of the emigration experience we must recall some linguistic characteristics and their psychological significance, since these are not sufficiently appreciated.

The alien, according to the Oxford Dictionary, is also the repugnant, as in the Roman tradition of a thousand years the *hostis* was the alien as well as the wicked enemy of any human fellowship, namely the Devil, and the Greek *ξένος* means much the same. Nor is a parallel lacking in French and Spanish, and, of course, there is Freud's paper (1919) on "The Uncanny" in which he analyses the repression processes lead-

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

ing to the interchangeability of the contradictory terms *heimisch* (homelike), *heimlich* (concealed, secret), and *unheimlich* (uncanny). As Jones (1957) points out,

situations that indirectly stir repressed fears of castration or death are the most characteristic stimuli to the sense of uncanniness.

This would accord well with the working of primary process thinking due to enforced regression. We can thus readily understand how prolonged hostility of this kind towards the alien, which creates the condition of outlaw existence as I have called it, provokes responses of reactive aggression which can be given up only at the cost of regression in which, although the primacy of the intellect is preserved, certain elements of the primary process regain access to some areas of the ego.

Unfortunately, I cannot go into details of case-histories. In none of the cases seen was there complete loss of identity. This is the only exception to which reference is made above, which distinguishes the late psychic sequelae of Nazi persecution among concentration camp victims and especially those of extinction camps on the one hand from those of relatively short-time prisoners and emigrants with no imprisonment at all, on the other. Since a number of "displacement neuroses" present chronic reactive depression in which hopelessness was a notable factor, hopelessness in itself cannot be the determining factor of complete loss of identity. Though some authors believe complete loss of identity to be a concomitant of the realization of the fear, especially in extermination camps, that there can never be any hope of survival, my observations have led me to believe that hopelessness may be brought about by much lesser and/or shorter sufferings in which *partial* loss of identity is a dominant feature. The outlaw existence is here a prominent operative factor. There is a continuum from the experience of loneliness and isolation via resignation and helplessness right to hopelessness.

Complete loss of identity took place in extreme cases only, and it is here that we must admit a quantitative factor. But we must not overlook the surprising and significant fact that it did not occur in every case. To give one example: a former inmate of Auschwitz extinction camp presented after twenty years with the mildest signs of late psychic sequelae to his extreme suffering and human endurance. When he was

7 years old he was arrested in his native town of Berlin and, together with his parents, brother, and sister, transported to a ghetto in Poland. After six years of enduring the dismal conditions there, the family was herded to Auschwitz. On arrival there he was separated on the ill-famed Rampe (railway-platform) from his family whom he never saw again. Being of good physique, he was put into a labour camp. His only conscious memories of his life at Auschwitz contain: heavy work, hunger, cold, and disturbed sleep. On the approach of the liberating Russian armies and now 14 years old he was hastily transferred to Sachsenhausen concentration camp, whence he was forced to the deadly experience of the Todesmarsch (death march). Out of many thousands who on this enforced march were shot by the SS guards or fell victim to exhaustion he was one of few survivors. As he puts it, he was miraculously saved, and to this day attributes his survival to his being chosen. It is interesting to note that under the cover of his narcissistic regression, manifest in various other similar fantasies, he later achieved extraordinary adaptive processes by way of reaction formations, and partly some true sublimation by way of newly structured ego-ideal formation. He has become a qualified medical practitioner and is, at present, in the course of postgraduate studies, planning on a career as benefactor of mankind, devoting his future to work in underdeveloped countries. There is some free-floating anxiety, and the working of unconscious guilt manifests itself, among other things, in feelings of unworthiness. He is sometimes roused by anxiety dreams but the majority of his dreams are of boundless bliss and happiness, invariably concerned with memories of his murdered family members. His character formation presents all the signs of an infinitely precarious balance, but up to now no more psychopathological symptoms are forthcoming.

This case, one of numerous others, demonstrates again the protective shield of sublimation. According to Hoppe, moderate and strong anger, combined with regression and inability to sublimate, favour the occurrence of psychosomatic disorders. In this as in other similar cases none is present. In my opinion no explanation is as yet available as to why, under comparable conditions, some victims show complete loss of identity and others not. We are inclined to think of individual differences in structure and strength within the psychic apparatus, and of dissimilarities of inborn factors and capacities,

well knowing that by doing so we merely mask our ignorance.

In lesser disturbances of identity certain restructuring processes are discernible. This could be observed in a sociologically well-defined group. In members of German Jewry, the gradual realization of the complex, all-pervading and violent interference with cherished assumptions, with deeply rooted convictions and identifications in the light of actual socio-political conditions proving to be nothing but mere myths, brought about a painful breakdown of ego-structure and ego-ideal. Various repairs and reconstructions were called forth and engendered reaction formations which sometimes led to bizarre and eerie behaviour. On the whole the outcome depended on whether and to what degree members of this group had employed throughout their lives identification with the aggressor, in response to a host of more or less mild forms of anti-semitism. For these, one would say, the "logical" consequence was reactive depression and melancholia, and even self-extinction—witness the number of suicides among them, notably among the intellectuals who had attained renown and high distinction. In the majority an unresolvable pessimistic outlook and depression ensued, consequent on the deadly defamation and humiliation of their "race".

As opposed to this group we find those members who were forced to employ the defence mechanism of identification with the aggressor but under the impact of disaster. The intensity of psychosomatic disorders in this group partly derives from the fact that a great amount of energy displacement was needed to bring about instinctual drive diffusion in many cases of German Jewry as their former life-long instinctual investment was so tremendous and had been fortified by considerable quantities of neutralized energy as well. There are ramifications to what was termed "denial in the service of the need to survive" (Geleerd), in contrast to neurotic denial.

It should be recalled that it is not only the victims of man-made disaster who deserve our interest but also the perpetrators of persecution, be it by action or by condoning. Their motives have been described by Freud in various contexts

and explicitly in "Thoughts for the Times on War and Death" (1915), in *The Future of an Illusion* (1927), and in *Civilization and its Discontents* (1930) and their metapsychology exhaustively exposed in a host of papers on the Totalitarian Personality after the second world war. We are concerned here, however, only with the question as to how far this has a bearing on the eminently important practical problem of the psychiatric evaluation of late psychic sequelae. The uneasiness about the utter inadequacy of approach by all but a handful of notable exceptions has its origin in their dynamics in which feelings of guilt, denial and displacement reign uppermost or, in some, in the adaptation to the feelings and the atmosphere of the cultural and socio-political environment.

In the midst of this special and specious sociological climate it is not surprising that a great number of central-European psychiatrists as experts on the psychopathological and legal problems connected with restitution proceedings take refuge in one or the other of the following escape routes: they either avoid getting involved at all in the true clinical problems arising from the horrors of the Hitler régime or else they apply old-fashioned and obsolete theoretical formulae concerning the respective roles of nature and nurture to the assessment of mental disorders in the victims of persecution. It is a sad reflection that among those coming forward, in succession to their psychiatric elders notorious for their reactionary attitude, are qualified psychoanalysts.

A final point which I must make very briefly indeed. Since the publication of *Die Psychiatrie der Verfolgten* (*The Psychiatry of the Persecuted*) by von Baeyer, Haefner, and Kisker (1964) and since Eitinger's study on "Concentration Camp Survivors in Norway and Israel" (1965) it is beyond reasonable doubt that previous personality plays a relatively small part in the psychic sequelae of ex-prisoners of Nazi camps. We are thus confronted with certain limitations of the genetic principle in classical psychoanalytic theory, i.e. this principle has to be revised and supplemented in adaptation to new experiences. Such re-formulation of the genetic principle has historically a precedent in the evaluation of the role of adolescence in the causation of neuroses.

REFERENCES

VON BAEYER, W. *et al.* (1964). *Psychiatrie der Verfolgten*. (Berlin: Springer.)

EITINGER, L. (1964). *Concentration Camp Survivors in Norway and Israel*. (London: Allen & Unwin.)

FREUD, S. (1915). "Thoughts for the times on war and death." *S.E.* 14.

— (1927). *The Future of an Illusion*, *S.E.* 21.

FREUD, S. (1930). *Civilization and its Discontents*. *S.E.* 21.

JONES, E. (1957). *Sigmund Freud: Life and Work* (London: Hogarth.)

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DISSOCIATIVE PHENOMENA IN FORMER CONCENTRATION CAMP INMATES¹

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Certain patients who had been imprisoned in concentration camps show a traumatically acquired personality change² in which, together with frequent pseudo-neurasthenic symptoms, there is a severe impairment of psychical integration. In some such patients we find, as part of this impairment, a tendency to dissociative phenomena which did not exist previously, and which has, therefore, to be considered as a subsequently acquired disposition. These phenomena are distinguished by states of altered consciousness in which highly traumatic, dissociated material emerges, this being elaborated generally in a repetitive and sadomasochistic way. The material consists of real experiences of the traumatic past, of traumatic experiences of other persons with whom the patients identify, of pure fantasies, and mostly of a combination of all these. The real experiences had frequently been undergone while the patients were in a semi-stuporous condition; the fantasies, however, originate in daydreams. Consequently, the ideational content of these phenomena, never having reached full consciousness, could not acquire ego-integration.

These dissociated states occur in short attacks, often lasting from seconds to minutes only. Contact with the outer world is disturbed. Frequently a detail of current reality which associatively triggers off an attack, merges with the dissociated ideas, and thereby becomes interpreted delusionally. In other attacks the dissociated ideas impinge on reality, thus creating a double consciousness. In yet other cases, normal consciousness alternates with the pathologically altered one. After the attack, insight into it, together with some memory of it, prevails.

The consciousness of these patients is habitually hazy, their attention is inexact, easily exhausted and fluctuating, and their concentra-

tion is severely impaired. This general lowering of mental functioning probably facilitates their tendency to dissociation. Daydreams eventuate, which, through lack of regulation and control on the part of the ego, may deepen into hypnoid dissociative states, in which preconscious material emerges. With intensification of daydreaming, the images become more and more vivid and may take on a reality character. In marked cases the clinical picture is quasi-psychotic, the attack being characterized by clouding of consciousness, accompanied by delusions and hallucinations. Some patients engage in daydreaming all day long, succumbing to it for as long as they are left to themselves. The ego-defences are apparently too weak for their task, as in the following cases:

Case 1. Katy was 24 years old when war broke out. During the psychiatric examination she suddenly turned her head, rose, bowed, made searching movements with her head, covered her eye with her hand, as if to see better into the distance, listened, talked to herself, and burst into laughter which resembled crying. The impression she made on the observer was that of a psychotic patient. After some minutes she regained composure and related that she had heard her sister's voice. Exploration in narcoanalysis revealed that this pantomimic scene is an almost exact repetition of a traumatic situation which she had gone through on her arrival at the railway station of the Auschwitz concentration camp. She had arrived there with her 8-year-old son and her younger sister who was the boy's maid. After the journey of several days in a closed cattle-van, she had got out exhausted and dazed. When recovering after the first minutes of perplexity and confusion, she saw two columns of people leaving the station in different directions, one consisting of the old and of mothers with children, and the other one

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

² Karl Jaspers stated as early as 1920 that the close connection between personality and traumatic experience

eventually produces an outcome which leads through repetition and summation of the experiences to an abnormal development of the personality.

of young men and women. She understood from previous experiences that this was a "selection" and that the first column was destined for death. Suddenly she realized that already at a distance her son and her sister walked in this column. Before she could run after them and take her sister's place in order to save her, she was kicked into the second column of those selected for work. She could hear her sister calling "Katy where are you? Why do you leave me?"

In the attacks she repeats this scene of her confusion, of searching and listening to her sister's voice. She is obsessed by guilt at having sacrificed her sister in order to stay alive and vainly tries to convince herself that she was not capable in her confusion of orienting herself more quickly. The clinical picture is one of recurring hysteriform twilight states in which she re-experiences this unabsorbable traumatic situation of the past in a hallucinatory way.

Case 2. David was 12 years old, when war broke out. When he returned home in the evening, he was overcome by headache, giddiness, and the hearing of bells tolling. He then lay down with closed eyes and saw fire and faces and figures moving in front of it.

In these hypnagogic dissociative states a life period of three months was given expression. These he had spent in a Polish prison camp under false identity. At night he had had to help bring the dead and dying to a pyre. Sometimes the bells of the nearby village had been tolling at the same time. The dead had been his working and sleeping comrades till the day before, and the dying had sometimes revealed feeble signs of life, seeming to move in the fire. One of them, a father-figure, had implored him up to the end to save him.

The details of this account gave the impression of his mixing fantasy and reality. But the profound guilt-feeling of having helped to throw those not yet dead into the fire, seems authentic, and darkness stirs up this part of the past into pseudo-hallucinatory dissociative states.

Case 3. Chava was 9 years old when war broke out. Following the birth of her first child, she became weak and dazed for several days. In this condition as she was once reaching for food, she perceived with hallucinatory distinctness that strange thin, bony arms were reaching for the food alongside hers. She also, though less distinctly, perceived faces and bodies, which seemed to belong to these arms, emaciated like

those of "Muselmans".³ During her stay in a concentration camp she had witnessed the arrival of Muselmans, begging for food. She now associated these "skeletons" with her mother in the grave. The mother had died at the patient's birth, a fact about which the patient felt vaguely guilty. She said that this hallucination had occurred during the day, while she was in a dream-like state. Since then, she suffers from various dissociative phenomena.

Case 4. Lea was 13 years old when war broke out. Every morning when giving food to her dog, her first impulse was to withdraw her hand, holding the bowl in order to eat the food herself, thinking: "Why should the dog eat, and we people go hungry?" This thought which had been rational while starving as a prisoner in a concentration camp and having to feed the watch dog had never left her since. Although she is well off, this impulse is triggered anew by the identical situation and takes on a reality character, if only for seconds, as a form of alternating consciousness.

She used to pass her days in a kind of hazy condition of daydreaming in which old traumatic experiences, sadomasochistic fantasies and present actuality combined in a kaleidoscopic fashion. For example, she saw Israeli soldiers pass her window, and she supposed, rightly, that they were bound for an Arab frontier. But at the same time she "knew" the frontier to be closed by an electrically-charged barbed wire into which they were to be driven by their Nazi commander. Here a double consciousness is at work, the wakeful state co-existing and interlocking with a dreamy hypnoid state.

These cases are characterized by quasi-psychotic attacks, their common denominator being the disturbance of consciousness. They are characterized as dissociative reactions, during which traumatic experiences emerge. These latter had been undergone during concentration camp imprisonment for which certain adaptive processes were called into being. They consisted mainly of a general lowering of the person's normal level of consciousness in combination with an instinctual over-alertness and perceptual hypercathexis, which was, however, confined to the immediacies of self-preservation. Apart from this selective over-alertness, many of the people were hazy, dulled, indifferent, shut in, and prone to daydreaming. They describe

up the will to live, and let himself die, a kind of passive suicide.

³ In concentration camps *Muselman* was the designation for an extremely emaciated person who had given

themselves as having been like semi-stuporous robots. This condition could be effected, among other defence-mechanisms, by de-cathexis of the outer world in the presence of somatically induced apathy. Events undergone during this particular state of consciousness, although registered, were not emotionally felt. Only after liberation did a kind of delayed emotional reaction ensue from which many of them cannot free themselves.

Whereas in the ordinary traumatic neuroses, the trauma occurs unexpectedly and during full consciousness, and so disrupts the patients' stimulus-barrier, the blunting of consciousness in the patients discussed here seems to insulate them from the traumatic impact.

The pathological attacks are imbued with pre-conscious imagery, consisting of real and/or fantasied situations. Of course such traumata can become linked associatively with infantile material and thereby receive an affective reinforcement. Such connections could be demonstrated in some of our cases where guilt-feelings were clearly related to infantile conflicts. But infantile conflicts are ubiquitous, and it is presumed here that no psychic illness need have

occurred without the subsequent massive traumatization. Freud's concept of the "complementary series" should be remembered in this context according to which subsequent traumata are capable of heavily outweighing adverse constitutional and infantile factors.

My conclusion is that the clinical picture here described is not of hysteria or of traumatic neurosis, but of a dissociative state, the precursors of which had already appeared during imprisonment. In this abnormal state of consciousness, formerly suppressed and or hazily experienced events, although emergent and invested with their traumatic charge of affect, still cannot attain to the integrative faculty of the ego. Indeed, even when these memories are rendered conscious through therapy, the curative outcome remains limited. This seems to be so because of the irreversible nature of these patients' psychic disintegration which fosters the tendency to dissociation, and because of their pathologically altered drive economy with predominance of sadomasochistic components. I should like to add that the dissociative phenomena described here turn out not to be rare, once one is on the look out for them.

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CLINICAL OBSERVATIONS ON THE "SURVIVOR SYNDROME"¹

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Clinical experience over a number of years in the diagnosis and treatment of concentration camp survivors and victims of similar forms of persecution appears to indicate that we are dealing with a type of traumatization of such magnitude, severity, and duration as to produce a recognizable clinical entity which—for brevity and want of a better term—I have named the "survivor syndrome". I have used this term to sharpen our understanding of the multifold clinical manifestations encountered in survivors of persecution and to differentiate the clinical picture from other forms of psychopathology.

The syndrome appears to be characterized by the persistence of multiple symptoms among which chronic depressive and anxiety reactions, insomnia, nightmares, personality changes, and far-reaching somatization prevail. More specifically, clinical observation of about 800 survivors of Nazi persecution revealed that the survivor syndrome is composed of the following manifestations:

(i) *Anxiety*—the most predominant complaint. It is associated with fear of renewed persecution, sleep disturbances, multiple phobias, anxiety dreams, and characteristic "re-run" nightmares. With regard to the latter, one of my observations has been that many patients suffer from chronic insomnia partly as an attempt at limiting their hours of sleep because their dreams and nightmares reflecting the concentration experience in *concretu et situ*, are unendurable for them.

(ii) *Disturbances of cognition and memory*, such as: amnesias, hyperamnesias, and especially upon awakening from nightmares, confusion, with disorientation between the present and the period of persecutions. Also, "lost and bewildered" states as well as dissociative phenomena.

(iii) *Chronic depressive states*, covering the whole spectrum from masochistic character changes to psychotic depression. The incidence and severity correlate closely with "survivor

guilt" and certain specific traumata, such as loss of children, parents, siblings, history of rape, and others.

(iv) *Tendency to isolation, withdrawal, and brooding seclusion*; tenuous and unstable object-relations, with marked ambivalence notable in lasting disturbances of object-relations.

(v) *Psychotic and psychosis-like pictures* were observed with a relatively high incidence. Regressive and primitive methods of dealing with aggression result in schizophrenic-like symptoms without the consistency or the "process" apparent. Isolated symptoms like night-time persecutory hallucinations, states of depersonalization, hypochondriasis, or paranoid manifestations have in this group a very specific history and determination.

(vi) *Alterations of personal identity*; impairment in the sense of personal identity, sense of time and space, body image and self image. These alterations are subjectively felt and lasting, as evidenced by the patients' frequent complaint: "I am now a different person" (in severe cases: "I am not a person".)

(vii) *Psychosomatic conditions* including: (a) diseases related to chronic tension states; (b) gastrointestinal conditions, peptic ulcer and related symptoms; (c) cardiovascular disturbances, with or without hypertensive states; (d) typical "survivor triad": headaches—persistent nightmares—chronic depression, and various other psychosomatic complaints.

(viii) Of great importance—not only phenomenologically—is a certain "living corpse" appearance or behaviour which many of the victims show and which seems to be derived from the prolonged confrontation with death in the camps. This "walking" or "shuffling corpse" appearance gives the victim a macabre, shadowy, or ghost-like imprint, difficult to describe, but which seems to be in the nature of an all-pervasive psychological scar on the total personality. I have described this phenomenon as early as 1961 and other observers (Lifton, 1963;

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

DeWind, 1968) have reported similar findings in their series of observations.

These findings and the correlation between the details of persecutions, the losses in objects, home, position, and family, and the above described syndrome were confronted with clinical reports in the psychiatric and psychoanalytic literature, and a high correlation rate was found. The problem of survivor guilt will be considered presently. It emerges clinically as a form of unresolved grief and mourning. Behind the self-reproaches were found repressed rage and resentment against the lost parents for failing to protect the patients from the persecution.

Since the above outline represents only a schematic and general classification, I hasten to discuss some of the predominant clinical features in greater detail.

The most prevalent manifestation in the symptomatology of the survivor syndrome is a chronic state of anxious, bland depression. Many patients suffering from this condition present themselves wearing a *somatic mask*. Some clues to these somatic equivalents of depression are fairly readily recognizable. When first seen, the patient often appears pale-faced, sallow, sitting huddled and silent in the waiting-room chair. He demonstrates little or no spontaneous activity. There are usually vague, non-specific physical complaints such as localized aching, gastrointestinal disfunction, and rheumatic or neuralgic symptoms. Complaints of fatigue, lassitude, and feelings of heaviness or emptiness are common. Depressive fatigue is characterized by a feeling of intense unpleasantness and is unrelieved by rest or relaxation. Sleep disorders are extraordinarily frequent and include early morning awakening as well as the fear of falling asleep at night because of the dread of tormenting nocturnal experiences such as nightmares, awakening in terror, hallucinatory or semi-hallucinatory reliving of the past, etc. Restrictive social or asocial behaviour accompanied by withdrawal from human contact, seclusiveness, brooding preoccupation with the past, chronic apathy alternating with short-lived outbursts of rage, flattening and blunting of affect, and the like are common. Another important characteristic of such patients is their inability to verbalize the traumatic events. In fact, the experience is of such a nature that

it frequently cannot be communicated at all.

I am aware that much of the foregoing is essentially descriptive, and I therefore turn to a brief consideration of the dynamic factors involved in the pathogenesis and persistence of the syndrome. On the basis of our experience of pre-concentration camp days, we were accustomed to looking at the traumatic neurosis as an essentially self-limiting condition which could be clinically and dynamically delineated. It was related to the disruption of the ego's protective barrier by an overload of incoming and overwhelming stimuli. In this concept the effects of a single trauma or a set of traumata, intense though they were, could usually be dealt with by the ego according to certain defensive operations and patterns, by dint of which the ego tries to rid itself of the noxious effects of the traumatogenic overstimulation. The persistence of profound alterations in the ego and superego structure of our patients (alterations in the sense of identity, of affect, etc.) as well as the frequent and simultaneous presence of anxiety, agitation, depression, multiple somatic disturbances in their symptomatology, suggest the emergence—under extreme conditions—of a different clinical condition heretofore not described in our literature: the *survivor syndrome*. The concept of traumatic neurosis does not appear sufficient to cover the multitude and severity of the clinical manifestations which I briefly discussed.^a

In order to understand more fully the pathogenesis of the survivor syndrome, I repeatedly stressed the need for a sharper focus on the all-pervasive guilt of the victim as well as the need for a sort of *hyperacusis to guilt* on the part of the analyst who has to be aware of the difficulties because of repression, elaborate defences, and denials that tend to obscure the guilt. The patients' guilt-ridden fear of emotional closeness, their frequent attempts to assuage guilt, their repetitive guilt-ridden fantasies and dreams about death, violence, destruction and their lost love-objects, not only demonstrate the marked ambivalence toward the latter (intensified by the parents' apparent failure to protect the victim from the persecution), but also result from the sadistic incorporative fantasies leading directly to guilt in orally-regressed personalities and situations. It is well to remember that the concentration camps were giant machines established for the destruction of human lives

* At this point in the Congress presentation lantern slides were shown. These slides are made from original drawings and paintings by former concentration camp

victims who were studied clinically and psychiatrically and who showed the characteristic symptomatology and underlying dynamics of the survivor syndrome.

either outright via the gas chambers or via the methodical fostering of regression to archaic and, more specifically, oral-incorporative levels. The destructive aspects of oral-sadistic incorporation are known to us through the work of Freud, Abraham, Fenichel, Lewin, and others. The infantile ego, experiencing rage and frustration from unfulfilled oral needs, reacts with a sense of guilt in the face of severe and prolonged oral deprivation, compounded by a total lack of narcissistic supplies, as it was met by the victims in the concentration camp situation. The inevitable later frustrations which the survivor met in the post-liberation phase and continues to meet today, especially in the new countries of refuge, re-evoke the earlier frustration in the

camp and thereby the concomitant sense of guilt, leaving him with a feeling of permanent, all-pervasive, unresolved guiltiness and grief.

It is my impression that this is one of the predominant factors underlying the clinical picture of the survivor syndrome. Tragic as the lot of survivors of persecution is, a closer and thorough-going study of the effects of massive trauma on the psychic organization of the victims is of great clinical, sociological, and forensic importance. Further research on survivors, including those of natural disasters (earthquakes, floods, etc.) appears indicated in order to delineate more fully the psychic sequelae incurred by sole or almost sole survivors of catastrophies.

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SOME OBSERVATIONS ON THE LATENCY OF SYMPTOMS IN PATIENTS SUFFERING FROM PERSECUTION SEQUELAE¹

ALFRED LORENZER, FRANKFURT

In the present symposium a special phenomenon has been mentioned, namely that of latency of symptoms. This is an obscure but important problem on which I wish to comment. What I have to contribute are some observations my colleagues and I made on the so-called symptom-free interval. I wish, however, to mention that these experiences were not in the first place made with concentration camp victims but with patients suffering from traumatic neuroses caused by incomparably milder traumatizations. The reason why I present these cases as models which might facilitate the understanding of cases of symptom latency occurring with concentration camp victims, is the following. Glover, commenting on the specific kind of inaccessibility encountered in severe traumatic neuroses, recommended an approach by way of comparable but less severe cases. He expected that in the milder forms some factors might be elicited which would also apply to the severer processes. The more urgent the defence, the more impenetrable the warding-off mechanisms. I think that our observations are likely to prove the validity of Glover's recommendation.

The patients we saw had suffered severe bodily traumata during war, either loss of eyesight or of limbs. In striking contrast to the usual course of such injuries, our patients showed no emotional reactions to their mutilations. Pain and operations were stoically endured and overcome with the help of a great display of activity. The injuries and the consequences thereof "did not mean anything" to them; psychologically speaking, the reality was put aside by an act of "denial of affect". This, however, was only the surface, and the pathological core emerged on closer examinations when we detected a peculiar split of "values". On the one hand, trauma and loss were seemingly insignificant; on the other hand, the patients behaved in a way betraying the concentration of all their value judgements on these same lost functions: the

blind patient was living in a decidedly "visually" experienced world, the handless patient's interests were focussed on manual hobbies which would have required the use of two healthy hands, and a patient, who had one leg removed surgically, indulged in daydreams of being a great football player.

At first sight these clinical pictures might not seem unusual. They show the familiar aspects of over-compensation and double orientation of the neurotic. Particularly after hearing Brenner's presentation (pp. 426-428 below) one might be inclined to believe that this is no more than the normal irrationality. On closer view we see, however, that there are some specific features about these patients. In neurotic processes the two sides of a conflict are usually bound in a compromise, but in our cases the connexion was broken. Need and desire on the one side and frustrating reality on the other are irreconcilable, so both levels of experiencing are separated from each other. There is awareness of the lost function, but this reality of the mutilation "doesn't mean anything"; the patient admits that his hand or leg is lost, but the lost limb is experienced as if it had never been narcissistically cathected. On another level the high narcissistic cathexis is maintained and the loss denied instead—as in the daydreams of the one-legged patient who imagines himself as a great football-player.

There is, however, at least one difference between the universally practised denial of unpleasant facts mentioned by Brenner, and the behaviour of our patients. If, for instance, death is denied, the rejected reality is a *future* one; the reality that we are speaking of is one of the *past* and is firmly and unequivocally established. It is this unequivocal reality that is split in parts. The patients behave as if the work of mourning about their losses had long been achieved and simultaneously they behave as if the loss had never occurred.

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

We are faced, then, with a twofold kind of experiencing of which Freud (1940) wrote:

Their behaviour is therefore simultaneously expressing two contrary premises. . . . The two attitudes persist side by side throughout their lives without influencing each other. Here is what may rightly be called a splitting of the ego.

What had caused our patients to use this unusual defence of manipulating reality? No doubt it was the significance of the trauma, its being an insufferable narcissistic injury that precipitated the traumatic development. This narcissistic injury is extreme in that the respective organs had pre-traumatically been over-catheted; as a consequence the loss was not felt as a tolerable decrease of body functions or as a threat of castration—it was “castration realized”. The lost organs had been catheted with such a high charge of narcissistic energy that the loss was felt like the realization of infantile vital danger. This reality had to be warded off; it could not be accepted. On the other hand, the patient was in no state to deny the loss entirely unless he became psychotic and severed all contacts with reality. Thus he was forced to divide his ego into two parts. Purpose and economical gain of this ego-split are obvious both in the cases described by Freud and in our patients. It is denial of an inevitable but intolerable perception. In this way the patients evade suffering from the traumatic reality. This economical purpose was particularly evident when eventually each of our patients suffered a mental breakdown following a minor additional trauma which caused the collapse of their defences, as now the denial could no longer be maintained even at the price of a split in the ego. The patients then developed a massive traumatic reaction with all the signs of a severe disturbance.

Up to their breakdown, however, the patients had demonstrated a picture of unrestricted normality thanks to the screen of denial described above. They showed a clinical normality—or, better, pseudo-normality as we ought to call it because of its underlying pathology. With the help of a split in the ego their balance was established or rather rigidly fixated, for the patients experienced themselves not only as uninjured but as invulnerable. Most of the time they offered pictures of the exultant freedom from anxiety of strong men whom nothing can irritate or injure—for any display of reacting to external stimuli would have implied that they might have to give up their double-entry book-

keeping. Zetzel reported some very similar cases who had lost the capacity of developing signal-anxiety; they were no longer normal but “super-normal” (appropriating a concept coined in ethology).

A colleague of mine saw a patient who during the Nazi occupation had had to hide herself under terrible conditions. When the time of persecution was over, she became over-active, mastering considerable difficulties with amazing energy, so that her friends called her the “strong one”. Years later, this patient decompensated as a result of a relatively insignificant injury and is now suffering from an irreversible mental state. The breakdown revealed the underlying pathology just as it had done with our cases. With this case we have established the connection with other sequelae of persecution. We believe that the defence syndrome of pseudo- or super-normality based on a split in the ego may also be relevant for the phenomena of symptom-free intervals and may provide an explanation for the late decompensations in consequence of extreme emotional traumatization, after a prolonged intermediate phase of apparent health.

The decisive feature of the super-normality is that in the case of a defence by a split in the ego the ego is no longer free to choose. In economical terms, a flexible interplay of forces presupposes the acceptance of the fended-off reality; in structural terms, the ego has lost its synthetic capacity at this particular place. The situation is ruled by a law of all or nothing: the only choice left is that between total keeping-up or total breakdown of the defences, between pseudo-normality or affective-psychotic confusion. The defensive front, however, is not only extraordinarily fortified but also tightly sealed. The symptom-free interval is impenetrable. To repeat: the more intolerable the reality the higher the economical tension and the more inaccessible the internal situation. While in the cases of traumatic injuries we were able to decode the two aspects of the loss and the two aspects of the ego, in the severe cases of concentration camp damages the two aspects have lost their simultaneity and appear in a temporal sequence of strikingly contrasting behaviour before and after the breakdown of the defences. Because there is a symptom-free interval and because they are unable to understand the reasons for the contrasting patterns of behaviour, the experts interviewing these patients tend to deny their claims for restitution. This is particularly true in cases when the patients in the symptom-

free interval did not seem to care for the fate of their murdered relatives, when their loss "meant nothing" to them, and when after their breakdown they express preying feelings of guilt and their thoughts keep circling around the loss in an affective-psychotic manner.

For many experts this is conclusive proof that there exists an endogenous depression with the depressive contents as its material only, while the loss had long been overcome as shown by their unconcern in the interval. The cases most misleading for the experts are those in which the defences are hypomanically coloured. But there are also misjudgements as a rule of those patients in whom the denial of affect in the clinically symptom-free phase is manifest and with whom the experts are misled by their lack of affect. In any case the symptom-oriented psychiatric experts fail to recognize the defensive nature of the behaviour, or, strictly speaking, the defective character of these patterns of behaviour.

Decisive for the impact of the trauma is its quality. The trauma is felt as the realization of infantile vital danger. This genetic connection places our cases in the group of the cases of split in the ego mentioned by Freud. The same mechanism is operative, whether it is infantile castration fear as in Freud's cases of fetishism or an extreme degree of narcissistic injury by severe bodily mutilation or traumatization in a circumscribed arrangement like the concentration camp situation in the descriptions by Bettelheim, de Wind, Eissler, Nederland and others. The common feature is the level of infantile vital threat that was reached.

How this level of infantile threat can be revealed in a psychiatric interview, psychoanalytic treatment or otherwise, cannot be outlined here. I may, however, mention an indication to the direction we ought to look. Anna Freud in a recent paper commented on infantile traumatization. She wrote (1967):

Potentially, after his first weeks of life, the infant... is constantly traumatized, that is, his ego is, at the very beginning of its development, helplessly exposed to overwhelming influences of the internal and external world. Under normal conditions it is the intervening aid of the mother that comes to his assistance and prevents a real traumatization.

Starting from this penetrating remark we propose the thesis that under the extreme situation prevailing in the concentration camps the victims are thrown down to the level of primary traumatization and the structures built up in the earliest mother-child relationship are annihilated. This assumption, which I cannot substantiate here, is in agreement with, for instance, Hoppe's opinion that in extreme traumatizations basic trust is destroyed. With this assumption which, I believe, could be amply substantiated, we are able to differentiate between a group of persons suffering from traumatization in the strict sense and a larger number of persons with whom the trauma is linked with an individual disposition for neurotic reactions. Common to both groups is the destructive effect on the psychic structures exercised by extreme traumatization and it is the symptom-free interval which may well be the expression of destructuralization in a pattern of super-normal behaviour based on a split of the ego. With the help of such a split in the ego the patients are able to manipulate the otherwise intolerable reality, by simultaneously accepting and denying it. Their economical gain is evasion of suffering and secrecy of their injury. The silent symptoms of these patients, their clinical inconspicuousness, is an expression of their loss of flexibility in reacting. Their defence of invulnerability eventually breaks down at some point of additional stress, and this happens quite frequently after a pseudo-normal interval of many years.

REFERENCES

- FREUD, A. (1967). "Eine Diskussion mit René Spitz." *Psyche*, 21.
- FREUD, S. (1940). *An Outline of Psycho-Analysis*, S.E. 23.
- FREUD, S. (1940) "Splitting of the ego in the process of Defence," S.E. 23.
- GLOVER, E. (1942) "Notes on the psychological effects of war conditions on the civilian population." *Int. J. Psycho-Anal.* 23.
- HOPPE, K. Personal Communication.
- ZETZEL, E. Rosenberg—(1943). "A clinical contribution to the psychopathology of the war neuroses." *Int. J. Psycho-Anal.* 24.

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A PSYCHOGENETIC FACTOR IN THE RECURRENCE OF WAR¹

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This paper proposes that war occurs not only because of economic, religious, or ideological conflicts between nations, but because of psychodynamic and psycho-genetic factors at work within a large number of the individuals in national populations (Freud, 1915, 1932; Glover, 1947; G.A.P., 1964; Lorenz, 1964, 1966; Strachey, 1957). It holds that the members of the generation who promote war and those of the generation who eagerly respond to its call have a particular psychological predisposition to choose this means of "conflict solution". It hypothesizes that this predisposition is the result of the experience of the stresses of a previous war which has traumatized these people so that they unconsciously seek a revival of the traumatic situation, in consonance with the "repetition compulsion" (Freud, 1919, 1920). This unconscious compulsion to repeat is likely to be set in motion by some present stress. If, for instance, a whole generation of young men who suffered the traumatic stresses of war-time in their childhood, is faced on the threshold of manhood—a time of heightened anxiety under any circumstances—with economic crisis and the threat of social displacement, they will be inclined, in defence against the resulting anxiety, to resort to the regressive patterns laid down in the war-time years of their childhood.

These, I recently postulated (1964), were the psychological pathways that had led to the excesses of Nazi anti-semitism. Specifically, I suggested that the individuals of a generation whose tension tolerance was lowered in their infancy by the failure of their war-stressed mothers to function as adequate protective shields (Khan, 1963, 1964) and who, as well, incorporated the reality of war into their oedipal fantasy, had sought reification of this experience in their adult lives.

In the present paper I shall widen these propositions to include all the members of a

nation that has been involved in a war: those who actually participated in the warfare and those who were otherwise permanently affected by the stimulation it induced. Furthermore, I shall argue that a traumatization occurring in adulthood can acquire the same unconscious durability as one that occurs in childhood; that from it too, often after a period of latency, a powerful demand for reworking may arise. Repeated nightmares that re-evoke the traumatic situation in detail are the simplest autoplasmic manifestation of this reworking, while active re-enactment of what had been passively endured is socially its most significant and harmful alloplastic manifestation. Between these modes there are, of course, innumerable intermediate ways of coping with a traumatization.

Events in the social sphere always serve as unconscious channels for displacement of narcissistic and intra-familial conflict. Therefore there is inevitably a resonance in every individual to the events of a major war. The sado-masochism which these events stimulate is perceived intrapsychically as directed towards the primary love-objects. In defence against the anxiety this generates, the mechanisms of splitting and projection are mobilized and these defences, in turn, are utilized and so solidified by official governmental war propaganda. The result is that the even ordinarily somewhat uncertain sense of reality (Hartmann, 1956) of the individual citizen is weakened and the dearly acquired scruples of his conscience are undermined.

In psychology and biology one always learns from the extreme pathological case what may be normally operative, in subtler forms. This I believe to be true also of the traumatizations which I have in mind. Thus the observations made on survivors of Nazi concentration camps, on war veterans and on men who underwent "brain-washing" are pertinent to our subject. These observations show that a continuous

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

prolonged stress—most particularly a continuous threat to life—can lead to a lasting proneness to regression, to an abandonment of structural and developmental achievements, and hence to permanent character changes.²

A possible explanation of the way such permanent character deformations come about is the following. At the time of the traumatic impact, through a defensive depersonalization and de-realization,³ clear apperception of external stimuli is greatly reduced and hence the potential for the emergence of internal repressed ideation, consonant with the present sado-masochistic stimuli, increases.⁴ At such a time, the percepts of the cruel external reality that have not been entirely warded off by the defence, form an amalgam with the emergent percepts of the past, thus obtaining a lasting energetic cathexis as great as that of a traumatic experience of childhood.⁵ Once the traumatic situation is over, an effort, usually only partially successful, is made to forget, to re-repress. Sometimes all that remains to signal the traumatization is a general hyper-alertness, a ready belligerence or, on the contrary, apathy.⁶ In other instances, an accumulated aggressive charge may be bound in paranoid or depressive attitudes, the former containing the outward-projected aggression, the latter its interiorization in the form of the ever-nagging guilt and shame of the survivor (Hoppe, 1966). Often, by using all available energy, a traumatized person can remain symptom-free for a number of years before the re-repression fails (cf. von Baeyer, Häfner, and Kisker, 1963, among many others). Renewed stress situations undermine this re-repression. The stress of generational turnover—which is also the time when the sons arrive at the age at which the fathers were traumatized—is particularly apt to hasten the re-emergence of the repressed traumatic amalgams.

² Cf. particularly the work of Venzlaff, von Baeyer and Paul in Germany, Eitinger and Thygesen in Scandinavia, and of Krystal, Niederland, Hoppe and many others in the United States and elsewhere. Also Archibald, Tuddenham *et al.* (1962) and Archibald and Tuddenham (1965).

³ Freud and Breuer (1893) comprised this numbing of senses and sensibilities and discontinuance of secondary-process thinking under the term "hypnotic state".

⁴ Cf. Gill and Brenman (1959), who point out that this takes place at the time of induction of hypnosis and in brain-washing, i.e., under conditions of sensory deprivation. They argue that the ego-regression that occurs is the result of the reduction of stimulus-input extended over a "sufficiently long period of time. . . . [When] access to the usual sensory clues for maintaining a normal sense of reality is blocked, there occurs a general heightening of vulnerability. . . . Where such blocks to and from

But in relating these findings to the possible effects of war-time traumatization on the subsequent life of a nation, we must keep in mind that it is not those persons who react to their war trauma with symptom formation, i.e. *ego-dystonically*—as for instance the very sick war veterans and survivors of imprisonment—who are likely to have widespread public influence. Rather is it those in whom the distortions of id, ego, and superego laid down by their war experience re-emerge as political opinion and political activity (Bromberg, 1958; Lowenfeld, 1944), i.e. *ego-syntactically*, who may be expected to carry weight in the affairs of a nation. This is relevant to the recurrence of war, in that while some twenty years after a war official leadership may still lie with the older men—men who, given the rhythm of wars in the last century, will have been directly or indirectly involved in war at least three times during their lives—the groundwork for political action will be primarily in the hands of men, now in their forties, who as young men actually fought in the war. They will have been entrusted with this power not only because of sheer chronological movement, but more particularly because a grateful nation will have moved them up by preference.

Psychoanalysts often hesitate to apply insights gained from the individual to the many. So, for instance, Gill and Brenman (1959) describe hypnosis and brain-washing as two conditions in which there is widespread loss of autonomy with domination of the ego by the environment. (p. 281 ff.)

Yet these authors explicitly avoid any consideration of mass phenomena. But surely economic circumstances, public opinion, governmental rulings and propaganda, and military necessities also exercise a comprehensive "reality power" over the individual, the difference being that these pressures, though they are less focused in

the external world are maintained, there occur mighty outbursts from the internal world in one form or another" (pp. 5, 6, and 129). Cf. also in this connection Ruff and Korchin (1966), who, speaking of the problems that face future astronauts, say: "for long flights, a major environmental problem is the lack of variation in activity and sensory input. This is a potential source of difficulty because monotony and boredom impair performance. If reduction of stimuli is extreme, severe disorders of perception and thought may occur."

⁵ This very emergence of sado-masochistic psychic representations has, in addition, itself a defensive function, since they carry the implication: Remember, you have survived a time of such stress once before. Cf. de Wind (1968) and Arlow (1959).

⁶ Archibald and Tuddenham, *op. cit.* (1965), whose findings have been confirmed in innumerable cases of concentration-camp survivors.

intensity, are insidious and pervasive, are extended in time and, since they involve the whole society, are reinforced by group participation and group interaction.

The lasting unconscious effect that war may have on the psychological processes of the individuals making up a nation has recently been illustrated by A. and M. Mitscherlich (1964). They pointed out that the people of Germany have been unable to come to grips effectively with the process of mourning for their war dead; that this process is impeded by the necessity of denying the erstwhile allegiance to Hitler for whom their dead were sacrificed; to mourn would be to acknowledge this allegiance and would thus simultaneously confront the mourners with the guilt of their own implicit association with the Nazi crimes.⁷

Lifton (1963) suggests that the psychological effects of the guilt for the bombing of Hiroshima and Nagasaki are world-wide, spreading, so to say, "in concentric circles of varying quantitative and qualitative intensity." Lifton, who recently examined Hiroshima survivors, also reports the persistence of conscious effects: some, who still suffer from the physical and psychological traumatization inflicted by the bombing, confess that they wish the rest of the world would have to suffer as they did.⁸ Furthermore, he notes that the survivor may often be tempted to reassert his survival by getting involved in situations in which, once more, he hopes to be a survivor.

To this we may add that if such a person were to become a political leader he might well become a promoter of war; in this renewal of his erstwhile traumatic experience, the fantasy of personal survival would be widened to include the survival of his nation.⁹ A glaring example of this re-enactment process is provided by Hitler: being a war veteran was his *raison d'être*

and formed the basis of his appeal to his fellow veterans. Are the motivations of which Hitler and company boasted openly perhaps unconsciously always present in those who choose military solutions to conflict?

I suggested earlier that the sons' readiness for war service and procreation is likely to stimulate the fathers to a renewed effort to work over their own war traumatization. Ben Gurion, when he argued that the Eichmann trial had to be held for the sake of the new generation—"so that they will know what happened"—minimized the fact that their fathers, the survivors, also needed it for the sake of re-experience.¹⁰ In the process of working over these experiences, some seek to aid re-repression by advocating that all be forgiven and forgotten; others are fired, either by present fear or by reaction-formation against the emerging repressed, to militant pacifism, while yet others seem to wish to tempt the world into a renewal of war itself. These efforts may manifest themselves through over-determined unconscious wishes of parents against their adulting children (Eissler, 1965; Kuiper, 1965): in this the parents may be using their sons as proxies for themselves (Wangh, 1962) and at the same time they may be taking revenge on the new generation for what their own had endured. In the service of such purposes the oedipal inclination of the younger generation to identify with a soldier-father¹¹ is consciously reinforced by the older generation, which holds military service up as the hallmark of masculinity.

A glance at the dates of the wars of the past hundred years, and particularly since the advent of mass levies, seems indeed to show the influence of such re-working at generational intervals. Let us take as an instance the history of France. Here this cyclical recurrence is shown quite clearly, if one takes the turmoil around the Dreyfus Affair into the cycle.¹² This may not be

⁷ There has, however, been a marked change in Germany within the past year. *Der Spiegel's* series (winter 1966-67) on the S.S. and *Der Kurier's* publication of "confessions", e.g., the poet Holthusen's "Freiwillig zur S.S." (Oct. and Nov. 1966) are manifestations of this movement towards self-scrutiny. It is interesting that this change occurred concurrently with the emergence of German Neo-Nazism.

⁸ Lifton, in personal communication (1965): "This is not unusual, but it is a kind of under-current thought among survivors which they are embarrassed to bring out and talk about." Cf. also Lifton (1968, p. 517) "... the individual survivor can become prone to retaliatory wishes that everyone else experience what he did, and that the whole world would be destroyed ..."

⁹ Even the nightmare, which in its manifest content repeats the adult trauma in such exact detail, may also serve to ward off older repressed aggression against

primary love objects. This may be particularly necessary if the adult traumatic incident included the destruction of those who had been the significant infantile objects.

¹⁰ In my observation of concentration-camp survivors this trial did indeed lead to some catharsis.

¹¹ Identification with the aggressor is, in fact, the most common way of repeating the trauma that the oedipal conflict always represents. Occasionally, however—and it would be most interesting to find out under what particular circumstances—it seems that large numbers of the new adulting generation respond to these pressures by violent rebellion, itself most often an expression of overt sado-masochistic impulses, or of reaction formations against them.

¹² One might start with the Franco-Prussian War together with the putsch of the Commune and its bloody fratricidal suppression in 1871. Then, in the latter part of the 1890's, the Dreyfus turmoil, which brought France

as easily demonstrable in the history of every nation,¹³ but where such generational periodicity has taken place, all the adult members of a population will have experienced the stresses of war-time at least twice in their lives: once when they were children and again when they were young, and probably participating, adults.

Implicitly, Freud recognized this repetition when he wrote: "War will produce war and victory defeat" (Sachs, 1942), while Glover (1947) explicitly maintains that the sadistic acts of the previous war lead, in the perpetrator, to feelings of guilt that become manifest in a masochistic invitation to a new war. Glover, as did Freud (1932), holds war to be fundamentally the result of man's aggressive drive. He mitigates the pessimism contained in this view only by assuming that there is a biological probability that the life-instinct and the death-instinct will keep each other in balance.¹⁴

In the thesis I have presented here, I make more specific what Glover meant when he said that the sadistic acts of the previous war lead, intra-psychically, to the next. I hold that the

sado-masochistic stimulation of war is traumatic through the arousal of excessive guilt and anxiety in each individual member of the communities involved (Hartmann, 1944). The repetition compulsion is evoked in an effort to heal this traumatization, particularly when present anxiety is added to that of the past. I have spoken earlier of the various modes in which this repetition compulsion may express itself, and I have stressed that re-enactment is socially the most dangerous of these. In the course of such re-enactment, regressive sadistic fantasies are re-awakened together with defensive omnipotent attempts at mastery, seeking to exorcise a projectively magnified danger by force of arms.

In sum, I would emphasize that, while the psychological predisposition created by a former war is doubtless not the sole factor in the promotion of a renewed war, it is a factor which must not be neglected. We must hope that the ego's mastery, through historical insight, of its own war-time traumatization may offer some additional barrier against the recurrence of war.

REFERENCES

- ARLOW, J. A. (1959). "The structure of the 'déjà-vu' experience." *J. Amer. Psychoanal. Assoc.*, 7.
- ARCHIBALD, H. D. et al. (1962). "Gross stress reaction in combat: a 15-year follow-up." *Amer. J. Psychiat.*, 119.
- ARCHIBALD, H. D. and TUDDENHAM, R. D. (1965). "Persistent stress reaction after combat: a 20-year follow-up." *Arch. Gen. Psychiat.*, 12.
- VON BAAYER, W. et al. (1963). "Zur Frage des 'symptomfreien Intervalles' bei erlebnisreaktiven Störungen Verfolgter." In: *Psychische Spätschäden nach politischer Verfolgung* (Basel: Karger).
- (1964). *Psychiatrie der Verfolgten* (Berlin: Springer).
- BROMBERG, N. (1958). "The psychoanalytic study of totalitarian ideology as a defense technique." *J. Amer. Psychoanal. Assoc.*, 6.
- EISSLER, K. (1965). Contribution to the "November konferenz" Sigm. Freud Inst., Frankfurt (unpublished).
- EITINGER, L. (1964). *Concentration Camp Survivors in Norway and Israel* (London: Allen & Unwin).
- FREUD, S. and BREUER, J. (1893). "On the psychological mechanisms of hysterical phenomena." *S.E.* 2.
- FREUD, S. (1915). "Thoughts for the times on war and death." *S.E.* 17.
- (1919). "The uncanny." *S.E.* 17.
- (1920). *Beyond the Pleasure Principle*, *S.E.* 18.
- (1932). *Why War?* *S.E.* 22.
- GROUP FOR THE ADVANCEMENT OF PSYCHIATRY (1964). "Psychiatric aspects of the prevention of nuclear war." G.A.P. Report No. 57. (New York: G.A.P.).
- GILL, M. and BRENNAN, M. (1959). *Hypnosis and Related States* (New York: Int. Univ. Press).
- GLOVER, E. (1947). *War, Sadism and Pacifism* (London: Allen & Unwin).
- HARTMANN, H. (1944). "Psychoanalysis and

to the brink of civil war. Of that time, Leon Blum, a future premier of France then in his twenties, wrote: "The Dreyfus Affair was a human crisis, less extended and less prolonged in time but no less violent than the French Revolution"; the philosopher, Péguy, felt that "the Dreyfus Affair can only be explained by the need for heroism which periodically . . . seizes a whole generation of us. The same is true of those other great ordeals: wars" (Tuchman, 1966). The first World War, from 1914-1918, is followed by the second World War, from 1939-1945. Finally, one might cite the ruthless bloodbath

in Algeria, in the late 1950's and early 1960's.

¹³ In such instances, the question would have to be raised: what were the causes that underlie the failure of the repetition to make its appearance?

¹⁴ But man seems to have disturbed this balance. Between his drives and the behaviour they prompt, the inhibitory, dilatory and modificatory functions of the ego have been inserted. However, this very intermediary, the ego, which has made possible man's whole cultural development has also given him the potential for total self-destruction.

- sociology." In: *Psychoanalysis Today*, ed. Lorand. (New York: Int. Univ. Press.)
- (1956). "Notes on the reality principle." *Psychoanal. Study Child*, 11.
- HOPPE, K. D. (1965). "Persecution and conscience." *Psychoanal. Rev.*, 52.
- (1966). "The psychodynamics of concentration camp victims." *Psychoanal. Forum*, 1.
- KHAN, M.M.R. (1963). "The concept of cumulative trauma." *Psychoanal. Study Child*, 18.
- (1964). "Ego distortion, cumulative trauma and the role of reconstruction in the analytic situation." *Int. J. Psycho-Anal.*, 45.
- KRYSTAL, H., and NIEDERLAND, W. (1965). "Clinical observations on the survivor syndrome." *Proc. Amer. Psychiat. Assoc.*, May 1965.
- KUIPER, P. C. (1965). Contribution to the "Novemberkonferenz." Sigm. Freud Inst., Frankfurt (unpublished).
- LIFTON, R. J. (1963). "Psychological effects of the atomic bomb in Hiroshima: the theme of death." *Daedalus*, 92.
- (1968) *Death in Life: Survivors of Hiroshima*. (New York: Random House.)
- LORENZ, K. (1964). "Ritualized fighting." In: *The Natural History of Aggression*, ed. Carthy and Ebling. (London and New York: Academic Press.)
- (1966). *On Aggression*. (New York: Harcourt Brace.)
- LOWENFELD, H. (1944). "Some aspects of a compulsion neurosis in a changing civilization." *Psychoanal. Quart.*, 13.
- MITSCHERLICH, A. and M. (1964). "A defense against mourning: a contribution to the study of psychological processes in groups." Presented to the New York Psychoanal. Soc., May 1964.
- NIEDERLAND, W. G. (1964). "Psychiatric disorders among persecution victims: a contribution to the understanding of concentration camp pathology and its after effects." *J. nerv. ment. Dis.*, 139.
- PAUL, H., and HERBERG, H. J. (1933). *Psychische Spätschäden nach politischer Verfolgung*. (Basel: Karger.)
- RUFF, G. E., and KORCHIN, S. J. (1966). "The psychological aspects of project Mercury." Read at the Congress of Psychiatry, Madrid.
- SACHS, H. (1942). "The man Moses and the man Freud." In: *The Creative Unconscious*. (Cambridge, Mass.: Sci-Art.)
- STRACHEY, A. (1957). *The Unconscious Motives of War*. (London: Allen & Unwin.)
- THYGESSEN, P., and KIELER, J. (1952). "The Musselman." In: *Famine and Disease in German Concentration Camps*. (Copenhagen.)
- TUCHMAN, B. W. (1966). *The Proud Tower*. (New York: Macmillan.)
- VENZLAFF, U. (1960). "Grundsätzliche Betrachtungen über die Begutachtung erlebnisbedingter seelischer Störungen nach rassistischer und politischer Verfolgung." *Wiedergutmachung Beil. d. Allg. Wochenzeit. Juden in Deutschland*, May 1960.
- (1966). "Das akute und das chronische Belastungssyndrom: psychiatrische Auswirkungen von Extrebelastungen." *Med. Welt.*, Nos. 7-8.
- WANGH, M. (1962). "The evocation of a proxy: a psychological maneuver, its use as a defense, its purposes and genesis." *Psychoanal. Study Child*, 17.
- (1964). "National Socialism and the genocide of the Jews: a psychoanalytic study of a historical event." *Int. J. Psycho-Anal.*, 45.
- WIND, E. DE (1968). "The confrontation with death." *Int. J. Psycho-Anal.* (this issue).

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RE-SOMATIZATION OF AFFECTS IN SURVIVORS OF PERSECUTION¹

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Liberated from the abyss of gruesome existence in German concentration camps or hiding places, many survivors were suffering from psychosomatic disturbances. Friedman (1949) examined 172 former concentration camp inmates who were jailed in Cyprus and found that "most of the complaints were predominantly psychosomatic". Since then, Bastiaans (1957), Strauss (1957), von Baeyer *et al.* (1964), Eitinger (1964), Bensheim (1960), and Lederer (1965) described psychosomatic symptoms in concentration camp victims. Venzlaff (1963) and Paul and Herberg (1963) found the same in Jewish persons who were degraded or had to hide for years.

Our own psychiatric evaluations confirmed the frequency of psychosomatic disturbances and emotional outbursts. Four affects—anger, depression, withdrawal, and anxiety—were studied in their relationship to two groups of psychosomatic disturbances. We distinguished between psychosomatic reactions such as tension-headache, insomnia, gastro-intestinal disturbances, etc., and psychosomatic disorders, like asthma, ulcer, hypertension, etc. We differentiated the degree of evidence of the affects as follows: non-evident, mild, moderate, strong.

During recent years we examined 138 survivors of persecution (Hoppe, 1966) and treated seven former camp inmates in psychoanalytically oriented psychotherapy (Hoppe, 1965). These persons were sent to us by their legal advisors for the purpose of having us check for any evidence of severe psychic damage due to persecution. Close examination revealed 144 out of 145 survivors to be suffering from psychosomatic reactions, regardless of age, sex, socio-cultural background, degree of persecution and diagnostic classification. The one patient who made an exception had developed schizophrenia due to persecution. In twenty-eight survivors, these conditions were accompanied by psychosomatic disorders.

With regard to the predominance of aggression or depression, a comparison of the group of psychosomatic reactions (116 patients) with the group of additional psychosomatic disorders (28 patients) led to the following hypothesis: The more aggression is verbalized, the less the chance for psychosomatic disorders. However, the thorough study of affects and an evaluation of their degree showed more complex connexions with regard to anger. We differentiated between mild anger like constant irritation and controlled aggression (Schur, 1955), moderate anger like frequent outbursts of anger and hate, and strong anger like rage and completely uncontrolled hostility.

In distinguishing these various degrees of anger, we found that the comparison between the group of psychosomatic reactions (116 survivors) and the group with psychosomatic disorders (28 survivors) did not show any significant difference. The picture changes if we also consider regression and sublimation. In the group with psychosomatic disorders almost all were regressed with only two able to sublimate. On the other hand, only two-thirds of the survivors with psychosomatic reactions showed regression. The ability to sublimate increased with a decrease in anger. Moderate or strong anger impeded sublimation and was concurrent with regression. From these results we speculated that moderate or strong anger, combined with regression and the inability to sublimate, favours the occurrence of psychosomatic disorders.

Further affects which we scrutinized more closely were the "primary affects of unpleasure" (Engel, 1962), anxiety, depression, and withdrawal. Mild anxiety corresponds with Schur's (1953) anxiety (fright) "tension". Included in mild anxiety were the survivors' dreams of persecution as expression of unconscious anxiety. A moderate degree of anxiety

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is characterized by additional states of fear in the daytime and an increase of defence mechanisms. There is still an awareness of threat of a traumatic situation. A strong degree of anxiety represents an uncontrolled panic state and corresponds with the feeling of complete helplessness (Schur, 1955).

Our assessment of different degrees of depression took account of the chronic mourning syndrome (Trautman, 1961), the survivor guilt (Niederland, 1961) and the revival of murdered family members in dreams. Whereas in depression there is still an object-directed desire to be helped, withdrawal represents the feeling of no capacity to relate or to accept help when offered, and the loss of expectation that anything can be done. Strongly evident withdrawal is utter hopelessness (Engel, 1963; Schmale, 1958).

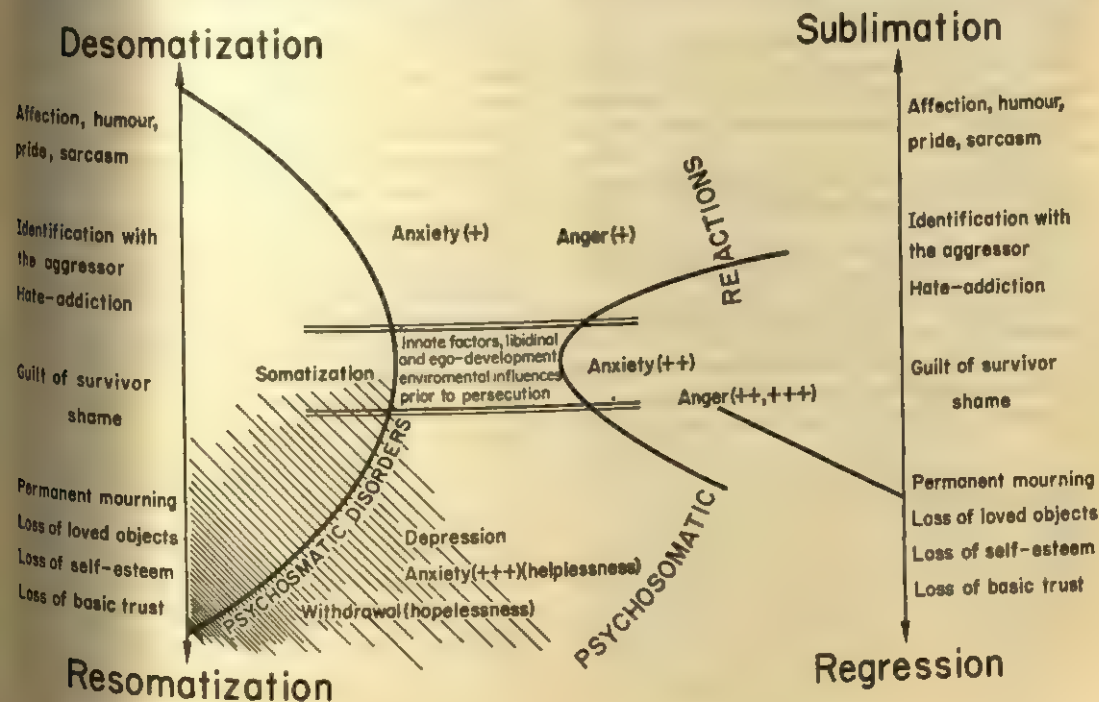
Our previous hypothesis (Hoppe, 1962) that the degree of loss of self-esteem is proportionate to the degree of chronic reactive depression was confirmed by the results. Out of the total number of 145 survivors only six showed no lack of self-esteem. Apathy was especially noticeable when the survivors tried to recollect their experiences during persecution; we had the impression that it represented the direct revival and repetition of the affective stupor experienced during persecution. Further on, worthlessness, shame, diffusion of time experiences (Erikson, 1959) and a lack of sense of basic trust (Erikson, 1950)

contributed to the corresponding degree of depression and withdrawal.

With regard to depression and withdrawal, the only difference between the two groups was a higher number of moderate withdrawal in psychosomatic disorders. In the latter group, mild anxiety was just as frequent as was moderate or strong anxiety. In the group of psychosomatic reactions we found a contrasting distribution: one-third of the cases showed a mild degree of anxiety, while two-thirds exhibited a moderate or strong degree of anxiety. Based upon this difference within the groups, we arrived at the following hypothetical conclusions: Moderate and strong anxiety is used for somatization and bound in psychosomatic disorders.

In order to illustrate the connexions between affects and somatization, we would like to present a diagram. The poles of de-somatization and re-somatization (Schur, 1955) correspond with sublimation and regression respectively. According to our working hypothesis moderate and strong anxiety and anger combined with regression and the inability to sublimate are close to the pole of somatization. The enumeration of important modalities on both sides of the diagram might express the correlation of affects.

Besides innate factors, the whole life development prior to persecution has to be considered. We therefore put this constellation (Schur, 1955) between the pole of somatization and the specific



affects. Unfortunately, there is no space to illustrate the multiplicity of factors (Wahl, 1964) with case histories, like idiosyncratic somatic style (Gitelson, 1959) as well as the whole gamut of libidinal and ego development.

The outstanding occurrence of re-somatization in survivors has led us to the belief that the enforced regression to pre-oedipal stages during persecution resulted in a revival of the body-self and of an archaic body-image. The body as such became of paramount importance during persecution. Niederland (1964) stated that in those

victims whose survival depended for years on the appearance and the functioning of their bodies the cathexis of the body-image has changed *in toto*. Due to the enforced regression and primary process thinking "the exploitation of the intellect" often failed and "the counterpart psychosomatic disorder" (Winnicott, 1961) appeared.

Tragic as the lot of survivors of persecution is, it represents a unique opportunity for the study of connexions between affects and re-somatization.

REFERENCES

- BASTIAANS, J. (1957). *Psychosomatische Gevolgen von Onderdrukking en Verzet*. (Amsterdam: Noort-Holl.)
- VON BAAYER, W., et al. (1964). *Psychiatrie der Verfolgten*. (Berlin: Springer.)
- BENSHEIM, H. (1960). "Die KZ-Neurose rassisch Verfolgter." *Nervenarzt*, 31.
- EITINGER, L. (1964). *Concentration Camp Survivors in Norway and Israel*. (London: Allen & Unwin.)
- ENGEL, G. L. (1962). "Anxiety and depression-withdrawal: the primary affects of unpleasure." *Int. J. Psycho-Anal.*, 43.
- (1963). "Towards a classification of affects." In: *Expressions of the Emotions in Man*, ed. Knapp. (New York: Int. Univ. Press.)
- ERIKSON, E. H. (1950). *Childhood and Society*. (New York: Norton.)
- (1959). *Identity and Life Cycle*. (New York: Int. Univ. Press.)
- FRIEDMAN, P. (1949). "Some aspects of concentration camp psychology." *Amer. J. Psychiat.*, 105.
- GITELSON, M. (1959). "A critique of current concepts in psychosomatic medicine." *Bull. Menninger Clinic*, 23.
- HERBERG, H. J., and PAUL, H. (1963). *Psychische Spätschäden nach politischer Verfolgung*. (Basel: Karger.)
- HOPPE, K. (1962). "Verfolgung, Aggression und Depression." *Psyche*, 16.
- (1965). "Psychotherapie bei Konzentrationslageropfern." *Psyche*, 19.
- (1966). "The psychodynamics of concentration camp victims." *Psychoanal. Forum*, 1.
- LEDERER, W. (1965). "Entwurzelungsdepression ohne Depression. Fettleibigkeit und andere psychosomatische Depressions-Aequivalente." *Nervenarzt*, 36.
- NIEDERLAND, W. (1961). "The problem of the survivor." *J. Hillside Hosp.*, 10.
- (1964). "Psychiatric disorders among persecution victims." *J. Nerv. Ment. Dis.*, 139.
- SCHMALE, A. H. (1958). "Relationship of separation and depression to disease." *Psychosom. Med.*, 20.
- SCHUR, M. (1953). "The ego in anxiety." *Drives, Affects, Behavior*, ed. Loewenstein. (New York: Int. Univ. Press.)
- (1955). "Comments on the metapsychology of somatization." *Psychoanal. Study Child*, 10.
- STRAUSS, H. (1957). "Besonderheiten der nichtpsychotischen Störungen bei Opfern der nationalsozialistischen Verfolgung und ihre Bedeutung bei der Begutachtung." *Nervenarzt*, 28.
- TRAUTMAN, E. (1961). "Psychiatrische Untersuchungen an Überlebenden der nationalsozialistischen Vernichtungslager 15 Jahre nach der Befreiung." *Nervenarzt*, 32.
- VENZLAFF, U. (1963). "Erlebnishintergrund und Dynamik seelischer Verfolgungsschäden." *Psychische Spätschäden nach politischer Verfolgung*, (Basel: Karger.)
- WAHL, C. W. (1964). "Factors which affect symptom choice in psychosomatic medicine." *New Dimensions in Psychosomatic Medicine*, ed. Wahl. (Boston: Little, Brown.)
- WINNICOTT, D. W. (1961). Cited by Mitscherlich in "Methods and Principles of research on psychosomatic fundamentals." *Advances in Psychosomatic Medicine*. (New York: Brunner.)

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DEVELOPMENT ARREST AS A RESULT OF NAZI PERSECUTION DURING ADOLESCENCE¹

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Five years ago I was asked, for the first time, to examine the survivor of a concentration camp, for his compensation claim against the German Government. This, then, is a report about my meeting with this man, whom I will call Joseph.

In no way did my awareness of the historical reality of the persecution and its implication prepare me for the experience this encounter would prove to be. Its impact broke through the limitation of a psychiatric evaluation. The extent of Joseph's injury revealed itself with its own compelling pace in the seven consecutive interview sessions which were needed. The severity of his condition unfolded itself with merciless dynamics in our relationship, to the extent that the traumatic situation was recreated. Ultimately, it seemed to be he who asked the essential questions.

Joseph, then in his early thirties, was below medium height and a bit stout. He had a full, open, rather youthful-looking face with a somewhat absent-minded and saddened expression. His clothing was a little shabby and out of style. His drooping posture, the sloping shoulders and his slightly shuffling gait gave him an air of unobtrusiveness. Most of the time he sat clumsily on his chair, feet planted squarely on the floor. He talked in a low, monotonous voice. His hands made only a rare gesture. However, there were three distinct phases in the form of his reporting and in his way of relating to me which corresponded to three specific periods of his life history: childhood, persecution, and post-liberation. During the first session Joseph reviewed his childhood. Born in 1929 in a small Polish town, as the youngest of eight, he grew up in a wholesome family which was highly esteemed in and beyond the Jewish community of his village. All his childhood memories revealed the security of his home and soundness of his early adjustment. During the first hour, Joseph seemed relatively accepting of me in my effort to help in his search for memories. He

treated me as a stranger who visited him in the long, lost land of childhood. Only once in a while there was a flare of suspicion. "How could you have known that our house was on the market place?" was his response to a question I had asked, with the knowledge of the European setting. Those occasional flashes of distrust were noticeable also during the later interviews. However, they lacked the consistency and specificity of a distinct paranoid position.

When the German troops invaded Poland Joseph was 10. During the next six years he was exposed to Nazi persecution escalating from local harassment and confinement in a city ghetto to final deportation to a concentration camp. It was with these events that a completely different style of reporting began. There was a transitional struggle characterized by anxiety and tense hesitation as he approached this chapter of his life. Soon, however, he seemed to be caught by his memories. In a completely compulsive manner, with incredible, automatic precision, he reported his experience down to the last gruesome detail. Most of it was presented in a cold, detached way. Only on four or five occasions, overwhelmed by the events he described, did he become tense, restless and tearful. In his desperate effort to gain control, he would get up from his chair and begin verbalizing bitterness about the need for the examination. Inevitably, this would lead to an abrupt halt. Apologizing for this reaction, Joseph would stop with a helpless self-accusation, "It is all my own fault. I should never have asked for compensation". For four consecutive sessions he was so captured by his memories that he virtually ignored me, treating any questions I might ask for clarification as unfortunate and distracting irritations.

Yet, in this phase, the most intense moment of our encounter occurred. Joseph reported how, on one occasion, the concentration camp inmates were lined up to be divided into two groups: the one well enough to work; the other

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

marked for extermination. Facing the examining medical officer, Joseph, then 14, stood on his toes and raised his chest, hoping to give the impression of health and strength. The doctor seemed greatly amused by the boy's obvious efforts, and, with an ironic remark, waved him into the work group. It was at this point, the only time in all our interviews, that Joseph looked up, faced me, and asked: "Can you really understand that?"

The second, compulsive phase of reporting ended abruptly with Joseph's account of the liberation. Then for him everything seemed to be at an end. Startled that I asked about his later life, Joseph found it difficult to recollect the sequence of events. His account of the post-war years, of his immigration and of the years spent in the United States was vague and indistinct. He welcomed my questions, for he seemed to need them in order to find some continuity. Only when he began to speak about his wife and year-old daughter was there more direction in his reporting. Joseph now operates a small radio and television repair shop. In his daily life, he complains of chronic fatigue. To complete even the normal chores is an effort for him. Frequently he suffers from a dull headache, and is often bothered by excessive perspiration. He feels tense and irritable. Mechanical noises are as upsetting to him as being at social gatherings, and though he tries desperately to avoid anything which could remind him of the past, even remote associations will trigger his memories, which then take over with their relentless autonomy.

Joseph's present condition reveals injury, deprivation, and oppression. Standing between the barely remembered, somewhat unreal childhood and the aimless, unsettled wandering after the liberation, his catastrophic experience of the persecution is the only reality for him. It victimizes him to this very day.

The lurking presence and the hypermnnesia for the persecution are an expression of the repetition compulsion for this unresolved experience. During adolescence which "by its nature is an interruption of peaceful growth" (A. Freud) when "society should have lightened the inescapable conflict of childhood with the promise of some security, identity and integrity" (Erikson) Joseph was exposed to a disaster in which "infantile panic common to all mankind" (Erikson) was exploited in a debasing way. "The most severe anxieties of childhood were concretized in the reality" (Eissler) of the concentration camp situation.

Until this day, Joseph is haunted by repetitive dreams, one of which seems especially significant. It refers to an incident in the concentration camp: he tries to pick up a piece of carrot from the dirt, one of the guards turns a vicious watch dog on the prisoner, who struggles in absolute panic against the open mouth and fangs. This dream shows the level of needfulness and the biting, devouring retaliation. The only identity offered in this dilemma was that of the sadistic aggressor, because the camps were organized to destroy the inmates' identity by "creating a stimulus-void background which was only filled with humiliating, degrading and guilt-arousing information" (Rappaport).

Joseph's present life is a desperate and exhausting struggle with the anxieties inherent in such a constellation. To reach out in any manner brings fear and punishment. To reach out for the alms of compensation becomes as dangerous as reaching out for the bite of food in the concentration camp. Traces of assertiveness are suffocated by the still-operative background message, "It's all your own fault." Joseph's ability to relate is narrowed by the fear which was reflected in his look when he asked me his question, the question which I felt ultimately to mean: "Can I survive in your presence?" Since he has ventured into a relationship with wife and daughter, the only modification of this fear is his concern: "That they might not be hurt by that which has been done to me." Joseph's words and the sighing despondence in which they were uttered, sum up his inner experience: "Oh, my whole life seems nothing but a never-ending sickness."

The unique immensity of the concentration camp experience during the developmental phase of adolescence is responsible for an emotional illness which cannot be completely understood within the conventional framework of the aetiology of traumatic neurosis. While every emotional illness reflects the experiential past of the individual and deeper psychoanalytical investigations of Joseph's condition would show how the traumatic experience and the present symptom formation relate to the genetically-determined, vulnerable points in his ego development, it is my conviction that his illness cannot be explained primarily as the result of unresolved, unconscious, infantile conflicts.

The specificity of the concentration camp trauma, in which "the most severe childhood anxieties became events and cannibals threatened again a helpless, hungry and of-every-love-

deprived self" (Eissler) experienced in a developmental phase when the individual is faced with the process of "disengaging himself from his parents and has to embark on a search for new objects" (Jacobson), created a nightmarish constellation, which carries a pathogenesis of its own. The "disengaging process" had to take place under conditions in which the self-identical objects were in the most gruesome and inhumane way mentally extinguished and physically exterminated. As Eissler reflects in a slightly different context, this in itself may lead to the production of such archaic fantasies and guilt feelings that an unresolvable conflict would result. The "search for new objects" had to

take place in an environment depleted of any "social reinforcement of values by which the ego exists—completely lacking the patrimony of a cultural identity" (Erikson) and offered only the sadistic aggressors as identifiable objects. Thus "the only inner arrangement which prevents the superego's permanent alliance with the unreconstructed remnants of latent infantile rage" (Erikson) was not provided. Further growth of the ego toward autonomy and the achievement of an independent identity became impossible. In this sense, I see Joseph's condition as a developmental arrest in his adolescence, a permanent structural damage caused by the conscious experience of a deliberate man-made disaster.

REFERENCES

- ERIKSON, E. (1950). *Childhood and Society*. (New York: Norton.)
EISSLER, K. (1963). "Die Ermordung von wievielen seiner Kinder." *Psyche*, 17.
FREUD, A. (1958). "Adolescence." *Psychoanal. Study Child*, 13.

- JACOBSON, E. (1961). "Adolescent moods." *Psychoanal. Study Child*, 16.
RAPAPORT, D. (1958). "The theory of ego autonomy." *Bull. Menninger Clin.*, 22.

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PSYCHOSOMATIC ASTHMA AND ACTING OUT¹

A CASE OF BRONCHIAL ASTHMA THAT DEVELOPED *DE NOVO* IN THE TERMINAL PHASE OF ANALYSIS

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Over a fifteen-year period I have analysed four adult patients with bronchial asthma as well as seeing many asthmatics in consultation and treating several in psychotherapy. The case that I am presenting in this paper, however, came as a surprise. The patient, who had no previous history of asthma, developed symptoms of bronchial asthma in the terminal phases of her analysis. The asthmatic attacks, some seventeen in all, responded to analysis; the patient terminated treatment successfully, free of asthma. It will, of course, be many years before a full follow-up on such a case can be made. In this paper, I shall focus on the genetics and dynamics underlying the asthma and in particular try to explain why the asthma did develop in this patient instead of another symptom.²

The patient, a 25-year-old woman, came to analysis with intense oral conflicts. An alcoholic who drank herself into a stupor every evening after work, she was severely depressed and suicidal. She lost one job after another. Behind a façade of helpless childlike behaviour was masked an overwhelming oral greed. Denial and exhibitionism characterized her neurotic parents' behaviour as she grew up. The wealthy socialite mother was an alcoholic whose drinking was denied completely by the family. The father, a very successful businessman, insisted that the family was poor and they lived in a rent-controlled building in an impoverished area. A compulsive man, he daily did exercises in the nude in ritualistic fashion in front of his wife, son, and daughter. These exercises, which were preceded by a large glass of water and followed

by a copious urination dated from the time of the patient's earliest memory. The patient's brother, 2½ years her junior, developed schizophrenic symptoms in late adolescence.

The patient was a healthy but overactive child until her brother's birth, following which she became an intractable thumb-sucker. At 5 years she had pneumonia, apparently not severe enough to require hospitalization, and during this same year had nightmares and walked in her sleep. Her school record was poor. When she was 8 years of age, the family were almost drowned in a hurricane and she had a recurrence of nightmares. Puberty and menses were at 11–12 years and she was popular with boys but experienced intense anxiety on dates. Following graduation from a second-rate junior college at 20 years of age, she began drinking heavily and engaged in a series of promiscuous affairs. At this time she developed severe psoriasis which failed to respond to years of medical treatment.

The transference neurosis was intense and stormy, with holiday periods particularly difficult. In the early years of analysis she attempted suicide several times, cut and injured herself when drunk, and repeatedly had intercourse without contraceptive precaution.

At the start of analysis people were part objects to her. For example, she acted out her transference fantasies with a series of stuffed animals, naming them for me. Instead of expressing anger with me in a session, she went home to scold and punish the toy animal. Likewise she avoided positive emotions with me by expressing love and affection for her inani-

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

² This case was originally presented to the Advanced Psychosomatic Study Group of the Psychoanalytic Association of New York and the Psychoanalytic Institute of the State University of New York, Down-

state Medical Center, which under the chairmanship of Melitta Sperling has been studying psychosomatic problems during the past three years. I am indebted to Dr Sperling and the members of this Group for their stimulating and helpful comments.

mate pets. Her sadomasochistic acting out was interpreted as an attempt to frighten and coerce me as she had succeeded in doing with her parents. With the development of an intense transference neurosis the patient no longer had to act out her emotions and following a period of working through she experienced a crucial change in her relations with people who were now becoming whole objects to her. She relinquished her fetishistic stuffed creatures and for the first time realistically considered marriage, babies, and termination of treatment. Evidence of basic alterations in her ego and superego were striking. She could now let herself feel affection and warm friendly feelings for people. In addition to achieving promotion in her office, she began volunteer work as a teacher of underprivileged children. As a result of these structural changes in the ego and superego, most of her symptoms cleared. Alcoholism, insomnia, and impulsive behaviour were no longer present. However, although the man she was dating was a healthier object choice, it was clear that she was acting out some fantasy in their relationship which she was not bringing into the analysis. She was attracted to the man's big body (he was six feet four inches) and particularly fascinated by the size of his penis.

Two days before the first asthma attack, she reported a dream in which there was a date, December 10th, when she had two engagements. Two cars were running on water. In her associations the patient said she had been happy the night before as she got a postcard from her lover who wanted to marry her, and she also had received a kind letter from a woman friend. The date in the dream reminded the patient of the 1938 hurricane when her mother had had a so-called therapeutic abortion. It was apparent that pregnancy fears were disturbing the patient. The night before, the patient had quarrelled with her mother who could not stand the changes in her daughter and was jealous of her lover.

Angry with her mother and furious with me, the patient hoped to become engaged by Christmas. Her associations indicated that she was idealizing her lover and at this point I interpreted to her her wish for a magical man and magical pregnancy, a recurrent transference and genetic theme.

The next session, she dreamed of her brother and a girl listening in a room and also of San Francisco. Another part of the dream was of a

boat and her aunt and uncle. She talked in the session of San Francisco where she had had a drunken affair. Her brother, she thought, was homosexual and she guessed that his wife was the aggressor sexually. It was my impression that this was true of her relation with her lover and that she was referring to fellatio, but as there had been such a cooling off in the transference, I made no interpretation and waited. In the next session, she said that she had some sinus and talked of her relation with her father—that she felt more affection for him. The following hour, she reported that the night before she awakened from a horrible dream with an asthma attack. On the previous day she had had a bad sinus attack. This was unusual as sinus was not a prominent symptom in this case. She repressed the content of the dream.

Several sessions later, she reported two dreams. In the first, she dreamt of a wedding and of her aunt fixing an elaborate design of watervines; in the second, she dreamt of being in Haiti and an enormous octopus came over a rooftop. The octopus was really like a gigantic jelly-fish. The jelly-fish reminded her of her lover's ejaculation which aroused fears in her of being eaten up. During this time she was not communicating well in her sessions. It was clear that she was having intercourse but not talking much about it. At the same time she was angry with me and blamed me because after all the work she had done in analysis she now had asthma. Over a two-year period, she had seventeen asthmatic attacks all of which responded to analytic interpretation. After the first attacks, I referred her to an asthma specialist who reported that he was not impressed with allergic factors in her case. I told her we could analyse the conflicts causing her asthma and that medication was unnecessary. The unconscious determinants of her attacks varied. Pregnancy fears, anal, oral and urethral fantasies were prominent. The patient terminated her affair with her lover and evidenced increasingly healthy ego functioning. Within two years, she fell in love with and married a young business man, and following marriage had no more asthma attacks. She terminated analysis a year after marriage. Before turning to a discussion of the dynamics underlying the development of the patient's asthma, it should be noted that the content of the nightmare from which she awakened from her first asthma is unknown. The preceding dreams expressed primal scene and pregnancy fears.

Discussion

The patient's asthma developed in the analysis as the expression of a final wish to control and defeat me by being sick and forcing a termination of treatment. As the patient later admitted, she wanted to marry her big lover because on the surface he looked healthy but she knew that she could control him. She wanted to defeat me as I had come to stand for the end of her acting out.

In the working through of unresolved oedipal conflicts in the transference neurosis, the most regressive narcissistic drives struggled for expression. A new and strict superego forced an internalization of incorporative impulses that had formerly been externalized in her acting out. Displacement upwards had already been established in the symptom of stream weeping. This weeping had expressed a wish to get sympathy and pity; however, as Greenacre (1945) points out, the tears are crocodile tears and they mask intense oral-sadistic incorporative drives. This patient wanted to devour with the eyes. The tears also variously symbolized urine, semen, and saliva. This symptom had been successfully interpreted many times in the analysis. At the time of the development of asthma, there had been marked improvement in the patient's ability to let herself cry and to tolerate affects. All her oral sadism was internalized and expressed by way of respiratory incorporation. Many times previously in analysis, she had expressed wishes to kill, bite, and devour me; and at other times, to kill herself in order to placate her primitive superego.

The patient's psoriasis which had expressed preoedipal exhibitionistic drives cleared up prior to the development of the asthma, which was now the last somatic outlet for this neurotic exhibitionism. A physical illness, pneumonia, which occurred at the height of the oedipal period, provided a channel (somatic compliance) for the expression of symptoms, when oedipal conflicts were revived and worked through in analysis.

Unanalysed transference played a crucial role in the precipitation of the asthma.³ What took me by surprise was the precipitous superego formation. Many different conflicts were interpreted during the two years that she had asthma but I would like to emphasize the interpretation of the overly strict superego. An

example of such an interpretation occurred at the time of her third asthmatic attack. The patient reported that she had been walking to work and had the thought that I (the analyst) was really trying to help her; then she suddenly got asthma. In the session I pointed out to her that if she admits to my doing anything for her, she has to do everything to please me, she has to be perfect; that her only recourse then is to be sick and asthmatic.

The dynamics in this case I would like to contrast with those I observed in the analysis of another case. The patient, a male, had been enuretic up to the age of 5 years, at which time following a tonsillectomy the enuresis cleared but he developed severe bronchial asthma. The asthma did not subside until he left his home (mother) to go to college. In this case, the development of asthma represented clearly an identification with the father, who had been an asthmatic for many years. Urinary fantasies were prominent in this case. The patient always utilized condoms in his sexual affairs. Analysis revealed that following intercourse which was usually effected with a partial¹/full bladder, he would urinate into the condom, ostensibly to find out if there were any leaks in the rubber. Unconsciously urine and ejaculation were equated and his repressed wish was to drown, impregnate, the woman with urine. The man's asthmatic attacks were a talion punishment for this sadistic infantile wish: he was drowned for wanting to drown. In this man's case, as in the first patient, an overly strict superego was present while the patient had asthma. Polymorphous perverse impulses emerged as analysis progressed and acting out became a serious problem. The course of analysis was the reverse of the asthma *de novo* case in that he started with the strict superego and asthma which she developed in termination.

In conclusion I would like to emphasize that the asthma in the female patient was a transference manifestation and an indication of incomplete analysis. If analysis had been terminated at the time of the appearance of asthma, all that would have been accomplished would have been to transform an overt acting out patient into a psychosomatic. In the case of the man who started analysis with severe asthma which was then replaced by acting out, I have

³ The role that transference plays in psychosomatic disorders in general was dealt with recently by M. Spurling in a paper, "Transference Neurosis in Patients with Psychosomatic Disorders and Transference reactions

occurring during Analysis" (read at a meeting of the Psychoanalytic Association of New York, Inc., February 21, 1966).

stopped analysis because of the danger of the liberation of too much id material, i.e., possible psychopathy or even psychosis, would also be a serious therapeutic mistake because the acting out, however intense and threatening, is a transference symptom and is analysable.

Arlow (1955) described a single attack of asthma in an analytic patient in the terminal phase of analysis. The patient had developed other respiratory diseases at critical periods of his life; however, this was his first and only asthmatic attack. Arlow felt that basically fantasies of oral incorporation caused the asthma and he interpreted the asthma as a transference phenomenon. As in my case, the symptom cleared and the patient terminated successfully.

Many years of experience with these and other asthmatic cases have led me to the following conclusions: the mothers in each case want their children to be sick and dependent; the basic

dynamic structure is the same in asthma as in the phobias; omnipotence and magical thinking play a predominant role; one psychosomatic symptom is often exchanged for another—in the woman patient the weeping and psoriasis were replaced by asthma. There is no personality profile for the asthmatic and the unconscious fantasies behind the asthma vary from one patient to another. The psychosomatic disease can be termed a pregenital conversion neurosis; and an over-strict superego is present with the psychosomatic symptom. Sperling (1963) found similar dynamics in her work with asthmatic children.

My experience with these and other psychosomatic problems indicate that classical analysis is the treatment of choice for patients with psychosomatic symptoms and that psychosomatic symptoms occurring during analysis are typical transference phenomena and can only be resolved in analysis.

REFERENCES

- ARLOW, J. A. (1955). "Notes on oral symbolism." *Psychoanal. Quart.*, 24.
GREENACRE, P. (1945). "Pathological weeping." *Psychoanal. Quart.*, 14.

- SPERLING, M. (1963). "A psychoanalytical study of bronchial asthma in children." In: *The Asthmatic Child* ed. Schneer (New York: Harper.)

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COMMENT ON Dr WILSON'S PAPER¹

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Wilson's penetrating and stimulating study raises a mass of ideas that it would be necessary to examine in a detailed *exposé* with carefully phrased shades of meaning. Lacking time for such an approach, I shall limit myself to the presentation of a few ideas and shall plunge straight into the heart of the matter.

In contradistinction to Wilson, I do not think that the first modification in the conduct of the patient, when she relinquished her stuffed animals, was the result of actual structural

changes in the ego and superego. Here it would appear to be a case of pseudo-recovery by transference rather than real progress. This is demonstrated by the choice of the new lover, the athletic man, which still represents an acting out in which the patient is simply trying to manipulate something more important than a doll, while still expressing a phallic demand. This new acting out is naturally related to the transference, but at the same time it represents a need to repudiate the transference.

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

Wilson very correctly emphasizes the evolution of the patient's dream activity during the days that preceded the first asthma attack. The dreams were all concerned with the primal scene and should be related to the nightmares experienced at the age of 5 and those that took place during the hurricane of 1938, which was undoubtedly unconsciously lived as a primal scene. The precipitation and the form of this dream activity is in contradiction to the cooling-off of the transference of which Wilson speaks. On the contrary, the transference seems to me to be very "hot" and centred on a revivification of the desires and the fears linked to the primal scene. An intervention is then justified.

As Wilson states, it is probable that the insufficiency of the analysis of the transference played a decisive role in bringing on the respiratory trouble. I think that this insufficiency bears on the libidinal element of the transference, amply demonstrated by the dreams. The abstention of the analyst could have given the patient the impression either that she was rejected and that her desire was not recognized, or that she was condemned and that her desire was judged guilty. From that point, the analyst takes on the meaning of a severe and rigid superego while her desire is exacerbated. This eventuality seems to me more probable than that of a precipitous superego formation. The structural modifications upon which the constitution of a new superego depend respond to a process which is necessarily slow and difficult. Otherwise, we are confronted by a false superego, a borrowed superego. When the patient has an asthma attack, and she thinks that the analyst is really trying to help her, she begins by expressing a desire to draw closer to him. The interpretation of the analyst, which places the accent on the role of the superego (perfect being—that is without instinctive desires—to please) neglects the part of the libido. Then the desire must seek out another means to express itself. The crucial problem in these cases is that of the countertransference. Patients who act out generally tend to force the analyst to adopt severe and prohibitive attitudes.

Concerning the understanding of the respiratory troubles, the discussion may bear on the validity of the notion of internalization of the oral sadism which is then expressed by respiratory means. When Wilson speaks of his patient's asthma as an expression of her desire to control and to rid herself of her analyst, it concerns the gain derived from the illness. When he relates

the asthma to the expression of destructive oral tendencies, it concerns the genesis of the troubles. As far as I am concerned, I think that the constitution of the somatic troubles can be differently understood. I said that the desire to draw closer to the analyst sexually, who is regarded both as a seducer and as a superego, must find a new means of expression since that of acting out is blocked. This new means of expression, the somatic means, implies a formal regression and, to a certain degree, a topographical one; on the other hand, it does not necessarily imply an important temporal or libidinal regression. As a proof I would point to the affectionate thoughts of the patient for her father as expressed in the session which preceded the first asthma attack. Then the sexual desire, exacerbated by its non-recognition and unconsciously felt as guilty and dangerous, manifests itself in a theatrical manner: the simulation of the respiratory modifications as during sexual relations. This manifestation, which depends on the genitalization of an "innocent" function, the respiratory function, represents the incestuous desire of the patient, rekindled in the transference, at first inhibited, then expressed in a symbolic world. In the constitution of the symptom, one must take into account (i) the identification with the mother, alcoholic like her daughter; (ii) the memory of the hurricane, unconsciously linked to the primal scene. The respiratory troubles should then be considered as a phenomenon of hysterical conversion in the true sense of the expression. The Oedipus problem to which Wilson does not directly refer, is to my mind at the very centre of this case.

From the preceding discussion there arises a criticism of the notion of conversion, even of pregenital conversion, when it is applied to psychosomatic illness and to asthma in particular. The hysterical conversion is partly defined by the precise symbolic significance of the symptomatology. The psychosomatic diseases, such as asthma, ulcerative colitis, etc. are characterized by the aggregation of multiple factors: muscular, vascular, trophic, exudative, humoral. These factors belong to different neuro-physio-biological levels. Their association, which is very complex, cannot be aetiologically ascribed to an unconscious fantasy, even of a pregenital type. Such a fantasy may, at worst, represent a secondary investment of the disorder. These diseases should be compared rather to actual neurosis than to hysteria. Freud considered that the symptoms of actual neurosis are of a different

nature and that they do not have any true symbolic values in themselves. In authentic psychosomatic diseases, we should therefore conceive of a method of formation of the symptoms different from the conversion mechanism. In the case of Wilson's patient, it seems to me that the exposition of clinical material clearly shows the role of the conversion phenomenon. But then the diagnosis of real asthma may be

open to criticism. It would be interesting to know if in this case there were other clinical and para-clinical stigmas of asthmatic disease.

These are the few remarks that might serve as a basis for more thorough discussion. Developed at greater length, they would certainly have revealed more of Wilson's positive contribution and the points on which we are fundamentally in agreement.

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PSYCHODYNAMICS IN ITCHING STATES¹

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During the last fifteen years I have had the privilege of co-operating regularly with dermatologists, psychoanalysts and psychologists from the University of Amsterdam and this co-operation stimulated thinking about problems of psychosomatic medicine in general and of skin diseases in particular. We have examined hundreds of patients suffering from severe itching states, the origin of which was not clear to the dermatologists. In trying to find out the nature, dynamics and therapeutics we found the combination of ethological and psychoanalytical discoveries of value.

Tinbergen (1952) published a detailed study on "derived activities" which he defined as "outlets through which the thwarted drives can express themselves in motion." In fish, birds, and mammals this "sparking-over" mechanism is an innate motor pattern. In man this pattern is not necessarily innate. Derived activity is seen if one or more drives are activated simultaneously. As early as 1938 Portielje, in a paper on instinctual life and expressions of intelligence in orangutans, mentioned that these animals have a habit of violently scratching themselves, especially on the head, arms and abdomen. Portielje observed that frequently they started scratching as an abreaction, if they felt thwarted in their desires. In his 1952 paper Tinbergen mentioned:

I happen to have observed that chimpanzees under certain conditions of frustration of feeding are subject to violent outbursts of scratching.

Many of these derived activities may be observed in man. To mention some of them: yawning, rubbing one's chin, hands or nose, passing a hand over one's hair, pinching any part of the body, lighting a cigarette, etc. These motions are mostly unconscious. They may be signs of embarrassment, an expression of auto-eroticism, suppressed rage, sexual excitement, impatience, etc. In human subjects, itching may result from the thwarting of an emotion. In such

cases, itching and adequate scratching are derived activities. The sense of being thwarted may result from a neurotic personality structure; for instance the superego, because of its neurotic nature, may not permit the emotion, e.g. the rage, to be experienced. Itching may also arise in response to an external stimulus or a pathological skin condition without the presence of a neurotic personality structure. It may be caused by physiological conditions, or by normal hetero-suggestive influences, such as are produced by reading an article on itching. Itching is experienced through an unconscious identification mechanism, but in normal personalities itching will quickly disappear. In my opinion emotions which, when thwarted, are most likely to be experienced in the form of itching through the mechanism of derived activities, are anger and anxiety. The further content of these emotions depends on the patient's life history and his actual conflict situation.

Many people scratch without experiencing itching. In such cases scratching is a motor discharge of a state of emotional tension such as may occur in situations of embarrassment or intense concentration. There are also cases in which scratching produces itching. The element of pleasure in such a largely unconscious movement is evident. Some people develop a scratching technique by which they can produce a sensation of mild pain, which undoubtedly give them feelings of pleasure. Such a sensation is the so-called "afterglow" after violent scratching. Parts of these actions may be interpreted as an equivalent of masturbation. In this connexion the element of skin eroticism should be borne in mind. In the genital sphere, scratching and scrabbling in order to evoke a pleasurable sensation cannot be separated from masturbation.

In his *Inhibition, Symptoms and Anxiety*, Freud (1918), wrote:

So long as we direct our attention to the ego's attempt to flight, we shall get no nearer to the subject

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of symptom-formation. A symptom arises from an instinctual impulse which has been detrimentally affected by repression. If the ego, by making use of the signal of unpleasure, attains its object of completely suppressing the instinctual impulse, we learn nothing of how this has happened. We can only find out about it from those cases in which repression must be described as having to a greater or less extent failed. In this event the position, generally speaking, is that the instinctual impulse has found a substitute in spite of repression, but a substitute which is very much reduced, displaced and inhibited and which is no longer recognizable as a satisfaction. And when the substitute impulse is carried out there is no sensation of pleasure; its carrying out has, instead, the quality of a compulsion.

I treated a woman who developed on the couch a severe itch on her head, thorax, and arms. Psychoanalysis made it clear that this itching arose at the moment that anxiety was produced and that it came into being as a failed endeavour to repress the anxiety—which she did not experience. Itching here was a substitute for anxiety. As a result of such failed repression of rage, I have frequently seen fits of itching, e.g. a man who had to wait for me much longer than he expected got a fit just at the moment I entered the waiting room. Every experienced psychoanalyst knows that female patients frequently develop itching attacks just after intercourse as an equivalent of sexual pleasure. Itching can thus be a sign of repressed anxiety, repressed rage, or repressed sexuality.

It will be clear that itching and scratching may afford ample opportunity for dermal erotic gratification. The sexual significance of this gratification has been early recognized in literature (e.g. Jacquet: "onanisme cutané"). Application of ointment means a satisfaction of erotic needs. In the skin one can observe all aspects of human sexuality and here may be the answer to the question why a separate phase of dermal eroticism in the development of infantile sexuality has not been postulated. Each phase of infantile sexuality can give dermal eroticism its special colour.

Oral phase. We know from various investigators (Hoffer, 1960; Bowlby, 1960, 1961; Deutsch, 1954; Saul, 1946; and Spitz, 1965) the importance of oral eroticism in the genesis of skin disorders during the first year of life. In his book *The First Year of Life* (1965) Spitz gives the following description of children suffering from infantile eczema, in which itching states are very common:

Our study of the infants who develop eczema has thus revealed two anomalies. 1. They had mothers with an infantile personality, betraying hostility as anxiety toward their child; mothers who do not like to touch their child or care for him, and who deprive him systematically of cutaneous contact. 2. We have a child with a congenital predisposition for increased cutaneous responses, leading to increased cathexis of the psychic representation of cutaneous perception, in loose analytic terms, to a libidization of the skin surface. This is the very need which his mother refuses to gratify. Accordingly these babies' needs and their mothers' attitudes stood in an asymptotic relation to each other. The developmental profiles plotted on the basis of the Bühler-Hetzer tests revealed another peculiarity in the eczema children. Unlike infants who do not get eczema, they show a characteristic retardation in the learning sector and in that of social relations. In this test the sector of learning represents the mastery of imitation and of memory. Retardation in the mastery of imitation becomes understandable if we consider the circumstances in which these children were reared; the anxious mothers who do not touch their children during the first six months, during the primary narcissistic stage, will make primary identification difficult.

It is a distressing fact that our knowledge concerning oral derivatives in the character structure of patients suffering from several skin diseases is rather limited.

Anal phase. We know that in this phase especially the child develops fantasies of grandeur and I have described these fantasies in adults suffering from atopic dermatitis. As children nearly all these patients suffered from infantile eczema, the skin disease in which Spitz described his asymptotic relation. I found that these fantasies originated from the pre-oedipal phase and I called this phenomenon the "fantasy of being the Anointed" (Musaph, 1953). In many skin diseases the significance of anal eroticism is obvious. Patients have feelings of being dirty, soiled, having to wash off their skin, to keep clean. In scratching they sometimes experience torturing with pleasure, destroying with lust, punishing themselves by making themselves unsightly or ugly. The sadomasochistic tendencies in this symptom-formation are evident. In practically all chronic pruritic patients I found these sadomasochistic tendencies.

We have had the opportunity to study thoroughly ten patients suffering from *pruritus psychogenica*. This disease is characterized by fits of itching on several parts of the body while

there is no demonstrable change in the skin or in the internal organs except the lesions resulting from scratching and rubbing. Briefly the personality structure of these patients is characterized by the following features: (i) The patient is hypersensitive to tensions which occur in others, especially in key persons. There is a real affect hunger, but at the same time the patient is incapable of an adequate abreaction of his own tensions and stresses. Typical of these patients is a taboo on the expression of aggressive impulses. (ii) The patient shows a remarkable lack of anxiety, which is warded off by a very strong superego. Most of the patients give the impression of having been a "very good child" in the eyes of their parents. (iii) The anal fixation of the character structure can be traced in the exaggerated cleanliness and fear of disorder with the necessity of clearing up.

A great majority of patients suffering from *pruritus anogenitalis* present strong obsessive trends and strong homosexual tendencies which are warded off. Both the itching states and the localization can be seen as symptom formation which Freud described as a result of failed repression—the repressed being the instinctual impulses typical of the anal phase.

Oedipal phase. For a psychiatrist working in a dermatological department it is not difficult to demonstrate a distinct difference in behaviour pattern between patients suffering from various skin diseases concerning feelings of shame.

Patients with atopic dermatitis are reluctant to show their affected skin, even if this belongs to the uncovered parts. They come in summer and winter to the out-patient department with more clothing than normal and it is clear that they are deeply ashamed. I described (1964) the analysis of a patient with periods in which she suffered from atopic dermatitis and at these times the strong defence against exhibitionistic tendencies was evident. One can however meet this defence mechanism apart from psychoanalytic sessions. Our knowledge of mechanisms determining the localization of the skin lesions in atopic dermatitis in connexion with the defence against exhibitionistic tendencies is insufficient.

Patients suffering from anogenital pruritus demonstrate a different pattern. It is difficult to make clear to the patients during the first interview that I am not at all interested in the examination of the anus, the perineum or the external genitals. Even while the patients know that they are visiting a psychiatrist who is interested in psychic tension which may cause fits of itching they obviously have a strong need to demonstrate the affected part of the skin. They look for an opportunity to exhibit. The dermatologist also knows this phenomenon. He is familiar with the reluctance to dress again after examination of the anus and the external genitals. We might say that the gratification of the partial love pleasure is experienced both in warding off and in showing off the exhibitionistic tendencies.

We have already mentioned that itching and scratching in the genital sphere may be interpreted as an equivalent of masturbation. The sensation of "afterglow" after violent scratching is related to the sensation of erection. Scratching can provoke itching states with evident sexual experiences. Everybody who once witnesses an attack of itching and scratching will be struck by its similarity to the orgasm pattern.

Summary

Ethology has taught us that many behaviour patterns in man can be considered as derived activities, of which itching and scratching are examples. Psychoanalytic investigation shows that itching can be a sign of repressed anxiety, repressed rage, and repressed sexual excitement. All aspects of human sexuality can be observed in the skin. Each phase of infantile sexuality can give dermal eroticism its special colour. Patients seen in the dermatological department suffering from fits of psychogenic pruritus have a characteristic personality structure. There is a hunger for contact combined with an incapability to abreact adequately their own tension. This semi-permeability produces anxiety which is warded off. The defence against anxiety must be very strong and itching states arise when equilibrium is lost.

REFERENCES

- BOWLBY, J. (1960). "Separation anxiety." *Int. J. Psycho-Anal.*, 41.
 — (1960). "Grief and mourning in infancy and early childhood." *Psychoanal. Study Child*, 15.
 — (1961). "Note on Dr Max Schur's comments on grief and mourning in infancy and early childhood." *Psychoanal. Study Child*, 16.
 DEUTSCH, F. (1954). "Einige psychodynamische Überlegungen zu psychosomatischen Hauterkrankungen." *Psyche*, 7.
 FREUD, S. (1918). *Inhibitions, Symptoms and Anxiety*. S.E., 20.

- HOFFER, W. (1949). "Mouth, hand and ego-integration." *Psychoanal. Study Child*, 3-4.
- KAUFMAN, C. (1960). "Some theoretical implications from animal behaviour studies for the psychoanalytic concepts of instinct, energy, and drive." *Int. J. Psycho-Anal.*, 41.
- MUSAPH, H., and PRAKKEN, J. R. (1953). "Pruritis anogenitalis." *Ned. Tijdschr. Geneesk.* 97.
- (1964). *Itching and Scratching*. (Basle: Karger.)
- SAUL, L. J. (1946). "The predermal and respira-

tory relations to the mother and their role in allergy." *Nerv. Child*, 5.

SPITZ, R. (1965). *The First Year of Life*. (New York: Int. Univ. Press.)

TIDD, C. (1960). "The use of psycho-analytic concepts in medical education." *Int. J. Psycho-Anal.*, 41.

TINBERGEN, N. (1952). "Derived activities; their causation, function and origin." *Quart. Rev. Biol.*, 27.

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COMMENT ON Dr MUSAPH'S PAPER¹

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Musaph has given us an interesting survey of a series of aspects relevant to psychoanalytic therapy and research into itching states. He referred to connexions with ethological findings, but here I would hesitate to follow him as analogies of animal and human behaviour must not be unduly stretched. The human psychic apparatus with its various object-relations and intrasystemic interactions is much too complicated for that.

It is always a predicament, I feel, when we psychoanalysts are asked to give an interpretation of symptoms appearing in so many different connexions. In our clinical work we meet the symptom of itching in a great number of internal, dermatological and psychiatric diseases. In everyday life itching is elicited by a host of more or less harmless irritants, e.g. sunburn, bug bites, mild and severe dermatoses; it is also present in hepatitis, leukemia and diabetes on the somatic side, and in slight psychic irritation, conversion symptomatology, up to severe hallucinatory states on the psychological side.

We cannot therefore ascribe one single psychological meaning to all occurrences of itching. Physiologically interested psychoanalysts have pointed out that the organism as a whole and its different organs have at their disposal only a

restricted selection of responses to injuries of extremely varied genesis; the picture in the common somatic end-phases is not so very different. In order to make profitable use of Musaph's findings, we have to examine how to integrate them into our psychosomatic concepts and a good basis for that may be found in the correlations he observed between itching and the different phases of development of the instinctual drives.

Every analyst undertaking the treatment of skin patients will agree with the observations made by Musaph and other experts. We are confronted with frustrations, repression of libidinal and aggressive impulses on the different levels of instinctual development, with sado-masochistic autoplasmic reactions, exhibitionism, skin erotism, homosexuality—all these vicissitudes of the instinctual drives revealing themselves in the diagnosis and therapy of these patients. Particularly instructive are the indications we have found of the unhappy mother-child relationship, of oedipal and pre-oedipal disturbances, corresponding to the observations made by Spitz who stressed the significance of disturbances in the early mother-child dyad for later pathological developments and for somatization. Any attempts, however, to arrive at

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

generalizations on the basis of one single aspect, say, instinctual drives, has so far proved futile.

I cannot agree with Musaph's statement published in his monograph, *Itching and Scratching*, that in contrast with eczema patients, patients suffering from urticaria do not feel ashamed of their symptom. I recall a girl patient with chronic urticaria who was very much ashamed, for she felt that her rash told all the world that she had indulged in forbidden sexual activities.

I think that we have to examine the metapsychological picture in any single patient, that is, the topographic, dynamic, economical, genetic, structural, and adaptive aspects of his or her pathology. In doing this we must not overlook congenital factors and the special conditions of the patient's environment.

After having secured such comprehensive material we can look for psychoanalytic models with the help of which we might understand the various itching states. Considering the problems of the instinctual drives, the development of the patient's ego as well as superego and ego-ideal, and also his object-relations, we can regard the symptom of itching as having three different types of pathogenesis:

(i) As a symptom of a conversion in the classical Freudian sense, that is, a hysterical symptom. In other cases we find itching to be a symptom of pre-genital conversion, for I am inclined to agree with Rangell's suggestion that conversion as a defence mechanism is a general phenomenon and not just a specific feature of hysteria only.

(ii) As a symptom of a vegetative neurosis in

Alexander's sense. This interpretation may well apply to certain forms of pruritus without local skin findings.

(iii) As a symptom of a psychosomatic disease (eczema, chronic urticaria, psoriasis) which either dates back to early infancy as a sign that the affects were not, or not sufficiently, somatized; or reappearing in connexion with a breakdown of a chronic character-neurosis, as a re-somatization of the affects (Schur). In these latter cases we speak of a bi-phasic repression (Mitscherlich). If a patient has been able to achieve a precarious balance of his neurotic problems on the psychical level only, for instance by developing a defensive deformation of his character in the form, say, of an anal character, then when the patient feels exposed to an additional and insufferable trauma, this defence barrier is no longer sufficient, and he is compelled to revert to a second line of defence—the psychosomatic disease, for instance, an anal eczema. Besides the re-somatization of affects, this second phase of defence is accompanied by processes of regression in the structures of ego and superego as well as in the patient's object-relations. Concomitants of this kind of chronic psychosomatic disease are always such problems as were described as "object-loss", "giving up—given up" by Engel and his co-workers.

An important additional diagnostic cue is to be found in the patient's unconscious fantasies emerging during psychoanalytic treatment. Their structural level tells us something of the developmental and integrative state of the psychic apparatus and the agencies in which the symptom is anchored.

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ACTING OUT IN THE ANALYSIS OF CHILDREN AND ADULTS¹

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Acting-out patients use regressive stratagems to induce participation of one or more partners in a dramatic revival of interactions with a "lost" infantile object (Bird, 1957; Fenichel, 1945).

Genetic Factors

Each developmental phase is characterized by a heightened cathexis of a dominant zone, a zone-specific discharge and a phase-specific body contact with the object of the drive (A. Freud, 1965). With the passing of a phase the poignant pleasurable qualities of the phase-specific zone and object are irretrievably lost. The child tends to condense the vanishing pleasure with object-loss, the loss of the dominant organ and its product. Once a common possession of mother and child, food and bodily excretions become devaluated when they are separated from the child's body. But they continue to be used as *intermediate* objects in stratagems designed to influence the mother to behave as she once did. People who assist in the care of the infant also form a link to the mother as *accessory* objects through whom she can be reached. *Intermediate* and *accessory* objects are discarded when they have served their purpose. In contrast, *transitional* objects (Winnicott, 1953) are permanent possessions, created to maintain the illusion of bodily continuity with the mother.

At first, sounds and even words are treated like objects that bridge the gap between mother and child. As physical contact diminishes, the qualities of the "feeding" mother of the "oral" child and the "training" mother of the "anal" child become modified, and verbal communication emerges from thoughts rather than directly from needs (Katan, 1961).

In a phase which is no longer pregenital but not yet phallic, the child works through the "losses" of earlier phases as he conceptualizes bodily happenings and relationships to people.

He becomes dimly cognizant of inner genital tensions which come and go, remain unrelieved by food intake or elimination and yield no product. Through externalization of inner genital impulses the child recaptures his lost babyhood by creating a baby of his own (Kestenberg, 1967). Through imitative identification with the mother he "acts out" on transitional, intermediate, and accessory objects what he can neither remember nor express in words. Thus he makes the outer world conform to old and new needs that cannot be satisfied in reality. In this *method of organization* in which conflicting impulses are externalized and external reality is used to make up for losses of past feelings and past relationships, we find the prototype for acting out.

In the phallic-oedipal phase, externalization from the inside of the body focusses on the external genital; and the need for fantasy-formation rather than animation of external objects is correspondingly greater. Masturbatory themes are developed from past and current experiences and internalized. Throughout this period, regressive episodes do not detract from the progressive internalization of past losses by means of identification with parental objects.

In the phallic phase, words are often used as channels for drive discharge; during latency they increasingly become tools for communication. Playing out fantasies is counterbalanced by achievement in games, intellectual performance, and physical skills. Toys become more detached from their original meanings as transitional objects and substitutes for intermediate objects.

The increase of inner genital tensions in prepuberty prompts a new wave of externalization (Kestenberg, 1967) during which earlier organ-object losses can be worked through once more. Pets and friends are used as mirror images or extensions of the body. Playthings are replaced by sports equipment, clothing and

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

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accessories for bodily care. Children "act up," manipulate parents, and once more become inseparable from transitional objects.³

In later phases of adolescence, acting out assumes the character of experimentation with the future by the use of old and new fantasies. The older the adolescent, the more he transfers his feelings from parents to age-adequate substitutes and the less he uses people, inanimate things, or animals as transitional and accessory objects.⁴ Acting out in postpuberty comes closer to the behaviour encountered in transference neuroses of adults.

Acting Out, Actions and Transference

When, in transitions from one phase to the next, a child encounters too many obstacles to his separation-individuation (Mahler, 1963), he may fail during the prephallic and prepuberty "inner-genital" phases in the integrative recreating of the past and reconciling it with the present. Traumatization or unavailability of the mother during these crucial phases may be the sole or the added cause of such a failure. Consequently acting out continues, especially under stress, and interferes with the internalization processes of later phases. The child perpetuates infantile stratagems to involve partners in the revival of phase-specific themes. He may continue to externalize and manipulate the environment through intermediate and accessory objects or use transitional objects in a pseudo-creative manner that "fossilizes" rather than expands creative expression.⁵

In normal development from "body to toy and from play to work" (A. Freud, 1965) acting out gradually diminishes and actions, whether words and deeds, become further removed from bodily transactions with the mother. Not until later stages of adolescence are words primarily used for communication; not until then can we expect free associations and a transference neurosis comparable to that of an adult. The more a patient uses intermediate, transitional and accessory objects to link him

with real objects of the past, the more difficult it is to control his acting out. The greater the contribution of genital-oedipal fantasies the easier acting out is transformed into analytic transference in which internalized parent images are projected onto the analyst.

In adulthood, the distinction between acting out and actions reflects the degree of independence from infantile objects. Adult actions are adaptive measures used to conquer obstacles in achieving of gratification of a new kind with a new object (Ekstein and Friedman, 1967). However, to the degree that all actions contain elements of acting out (Deutsch, 1966), distinctions are blurred, especially in states of regression induced during analysis. In the wide variety of behaviour called acting out we must differentiate between impulsive acts with little organization which stem directly from pre-genital phases, organized stratagems in which externalization typical for the inner genital phases prevails, and genital-oedipal modes of expression in which acting out as part of transference neurosis serves the detachment from primary objects.

Much analytic work with children is transacted in outward oriented activities, verbal and non-verbal. Directing attention inward increases the child's awareness of bodily sensations and promotes autoerotic activities. These evoke intense yearnings for the original participant in bodily interactions.

In analysing children, we participate in play and provide equipment for direct bodily activities. This "acting out in the service of analysis" is an unintended by-product of analysis in all cases where a patient cannot endure the memory of a loss without resorting to immediate and regressive revival of transactions with the lost object.

Case Reports

Algie, a puny, babyish 7-year old, would not allow his mother to leave him at night. Since infancy he had feeding difficulties and suffered

³ Schwartz's beautiful example of a girl who slept with her transistor radio illustrates the similarities and differences between childhood and prepuberty use of transitional objects.

⁴ These mechanisms do persist in adulthood in artistic expression and in the preservation of heirlooms, photographs, and other possessions that perpetuate the link to lost objects.

⁵ I am grateful to Dr Williams and Dr Winnicott whose apt and thoughtful formulations I borrowed in condensing this paper further for publication. I have paraphrased Dr Williams to emphasize that acting out results from a failure in the developmental task of inner

genital phases. Dr Winnicott's discussion and inspiring personal communication drew my attention to the distinction between the creative world of transitional phenomena in play and the "fossilized" world of acting out which recreates without creating. I hope that I am quoting him correctly in saying that acting-out people cannot play, that play begins when acting out ceases. I had stressed the common root of play and acting out without pursuing their divergent vicissitudes.

In a longer version of this paper, case material is expanded to show how the "acting-out" organization of the 3-year old transforms into fantasies and imaginative play of the phallic-oedipal child.

from nasal congestion. When he was 2½, and once more a year later, his mother was hospitalized for a miscarriage. In her absence Algie's grandmother accomplished his training. At the age of 4 Algie developed asthma.

In analysis Algie threw and "exploded" toys, crumbled food, barraged me with nonsense syllables and distorted phrases from popular songs. A few undistorted words revealed his profound preoccupation with blood, injury, and death, mostly by internal explosion. In the midst of exciting activities Algie would lie down and suck his thumb, keeping two fingers in his nostrils or stroking his upper lip. He sneezed, dripped saliva, wiped his nose on his shirt sleeve or my clothing and, suddenly interrupting all this, would run to the toilet. He ordered me around incessantly, whined, cried, and called his mother to make me obey him. On realizing that his mother had no power over me, he accepted that even though I would play what he suggested, I was not really one of the many maids his mother had "fired" for disobedience. He then cast me in the role of his grandmother and telephoned me at night demanding that I stop his mother from going out. He finally confessed he feared his mother would be killed when away from home. His intense interest in the insides of bodies allowed me to reconstruct the events of his childhood when his mother bled and was taken away. Algie had condensed his mother's haemorrhage with his own illnesses and feared not only his mother's death but his own castration. After this interpretation Algie cast me in the role of teacher or pupil, re-enacting both his training and his school experiences. Soon his asthma attacks increased and replaced his fear of being left alone at night. But his play became organized and his communication coherent.

Algie used bodily excretions, sounds, and words as intermediate objects that linked him to the mother of his infancy. Whining, crying, nasal and bronchial sounds, and secretions seemed to merge in a dramatic plea to have mother attend to his needs. Incoherent singing maintained the illusion that he was still with his mother listening to the radio. He used me primarily as an accessory object, a caretaker extension of his mother. When his preoccupation with his own and his mother's injuries was worked through and I could predict babyish behaviour and asthmatic attacks from the way he felt in the sessions, he began to masturbate. He became indifferent to his grandmother whom he

had used to influence his mother, tolerated maids better, and viewed his father as an independent person, an oedipal rival and not just an accessory object.

An adult patient's acting out resembled Algie's in many ways but had a much more complex organization, reminiscent of pre-puberty behaviour.

Dr Y was a brilliant young man who tried to elicit my admiration of his superb choice of words and phrases, lectured to me on various subjects, but told me little about himself. He disliked leaving and reported "interesting things" as he rose from the couch. He also left literature in the waiting room hoping to influence me directly and indirectly through the associations of other patients. At the door he scrutinized my face for signs of reactions that I did not reveal during the session. He laughed when I called attention to the pranks he designed to involve me with him.

Not until I told him that he had made me uncomfortable and predicted his reactions to parting did he reduce the frequency and intensity of his stratagems. His attention shifted to his wife who seemed to be his alter ego. He described her odd behaviour, confusion, and disorderly habits instead of dwelling on his own almost identical traits. He was convinced that if his wife would change or leave, he himself would automatically change. He dramatically documented his complaints of neglect by coming to sessions in stained or torn clothing. When told that he expected me to get rid of his wife as if she were a maid deserving dismissal he recalled that his mother had indeed dismissed a maid for hurting him during routine bodily care. His work habits and personal appearance improved but he began to complain about his wife's cruelty. He nagged and provoked her until she lost her temper and retaliated. His creativity was spent on maintaining the illusion that his mother was still alive watching over him and condemning his cruel stepsister. He seemed to use his wife as a transitional object he could mould to his needs. Not only did she have his own qualities, but also those of his mother as well as of his nurse and sister who represented links to his mother. When I asked why he did not leave his cruel wife, he recognized that by "losing" her he would feel free, independent, and masculine but he would no longer need me and would "lose" me too.

In his childhood his mother had hovered over him, worrying about his health and his bowel

movements. Later, the intimacy of the anal relationship was replaced by talks about bodily activities and lectures. The cruel sister perpetuated and extended the teacher-pupil relationship to his mother. In prepuberty he became ill and had to interrupt his schooling about the time his sister left home and could no longer be used as a link to his "training" mother. His current illness, as the one in prepuberty, represented an attempt to revive the closeness with the mother of his babyhood. He interrupted his musical career, his wife threatened to leave; he felt alone and neglected. His confident expectation that my sheer presence would cure him was frustrated by the intolerable analytic distance. When his stratagems failed to hold me he used his wife as a bridge between us.

In both cases, identifying the roles, stratagems, themes, and organization of acting-out facilitated tracing their phase-specific antecedents. The traumatic separations during Algie's inner genital phase impeded his working

through the loss of the omnipresent "feeding and wiping" mother of infancy. Dr Y's dependence on his sister as a link to his "training" mother, frustrated in prepuberty, perpetuated his search for partners and situations that would revive and reinstitute the painful pleasures of bodily association with that mother.

The Acting-Out Patient and the Analyst

As the analyst becomes aware of the role the acting-out patient forces him into (Bird, 1957), he confronts the patient with the organization of his acting-out which perpetuates patterns of his early or later inner genital phase; he reconstructs the phase-specific origin of the patient's feeling of organ-object loss; and he predicts current behaviour from the emergence of this feeling. But acting out may continue until the patient can accept that he cannot transform the analytic relationship into a real interaction with a revived infantile object.

REFERENCES

- BIRD, B. (1957). "A specific peculiarity of acting out." *J. Amer. Psychoanal. Assoc.*, 4.
- DEUTSCH, H. (1966). Discussion of problems of acting out. In: *A Developmental Approach to Problems of Acting Out*, ed. Rexford (New York: Int. Univ. Press).
- EKSTEIN, R. and FRIEDMAN, S. W. (1957). "Acting out, play actions and acting: *J. Amer. Psychoanal. Assoc.*, 5.
- FENICHEL, O. (1945). *Neurotic Acting Out. Collected Papers*, 2, (New York: Norton, 1954).
- FREUD, A. (1965). *Normality and Pathology in Childhood*. (New York: Int. Univ. Press).
- JEKELS, L. (1913). Einige Bemerkungen zur Trieblehre. *Int. Z. f. Psychoanal.*, 1.
- KATAN, A. (1961). "Some thoughts about the Role of verbalization in Early Childhood." *Psychoanal. Study Child*, 16.
- KESTENBERG, J. (1967). "Phases of adolescence with suggestions for a correlation of psychic and hormonal organizations." Part I. *J. Child Psychiat.*, 6.
- MAHLER, M. (1963). "Thoughts about development and individuation." *Psychoanal. Study Child*, 18.
- WINNICOTT, D. W. (1953). "Transitional objects and transitional phenomena." *Int. J. Psycho-Anal.*, 34.

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COMMENT ON Dr KESTENBERG'S PAPER¹

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Kestenberg's view of the genesis of acting out raises a number of questions which are central also to a definition of the *function* of acting out, and it has bearing on the manner in which we may

deal with various forms of acting out behaviour during the treatment of children and adults.

My understanding of Kestenberg's view is that there is a period in normal development,

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

which she refers to as the "inner genital-preoedipal phase", during which time the tension experienced by the child is such that he is unable to cope with it unless there is the availability of the mother or of an accessory object as an auxiliary ego. The child's effort during this phase to include the object, although related to what Kestenberg describes as "loss", is really an effort to avoid intolerable tension by trying to create a feeling of oneness with the object. It is the use of the object to establish narcissistic equilibrium. The action of the child revives, in fantasy, the relationship to a "lost" infantile object. She states that it is during the "inner genital-preoedipal phase", that is, at a time when the child feels that the mother's role encompasses his whole life, when "conflicting impulses are externalized and external reality is used to make up for loss of past feelings and past relationships, [that] we find the prototype for acting out". It seems to me that Kestenberg is referring to a time in development when there is not yet the physical means, that is, through genital discharge, of dealing with tension. If I represent her view correctly, it then means that the patient in analysis, during certain states of the transference, tries to get the analyst to take on the role of the mother of the "inner genital-preoedipal phase," and to become the person who protects him from intolerable tension while at the same time acting as the vehicle for tension discharge.

There are one or two points on which I will concentrate. Some of Kestenberg's clinical examples seem to be more in the realm of identification with the parent—the identification being used here as a way of dealing with the reaction to the object either not being present or not fulfilling the demand which the child is making of the object at that moment. I think, however, that this is different, both in genesis and in function, from what I would describe as "acting out". Additionally, I would differentiate much more specifically between the genesis of action and that of acting out if we are able to know, in treatment, whether the behaviour should be viewed as discharge, defence, or as a communication to the analyst.

Kestenberg seems also to be saying that, with children, the analyst inevitably takes on certain roles ascribed to him by the child, whereas with adults, the analyst's refusal to play a specific role may induce regression, and that acting out may continue until the patient accepts that the analytic relationship cannot be transformed into

a relationship with an infantile object. When Kestenberg states that it is in later phases of adolescence that "acting out assumes the character of experimentation with the future by the use of old fantasies," I think there would have to be a much more precise division between "trial action" and "acting out". I would say that the crucial point in differentiating these two forms of behaviour is that in trial action the action is under ego control and can therefore be of use to the person as experimentation; whereas one of the main characteristics of acting out, whatever its nature, is that it is not under ego control and therefore cannot be used in the same way for experimentation. In addition, acting out is often much more tied to the patient's anxiety, and may therefore demand the use of a variety of primitive defences. Masturbation during adolescence is such an example. For some, masturbation is used as trial action and acts as the means by which the person can, safely in fantasy, experiment with his own body about the use of his genital and about a heterosexual relationship. Compulsive masturbation is, however, of a different category and does not serve the same purpose in development. An adolescent patient of mine who acted out by masturbating in the waiting-room was, at that point, experiencing affect of an overwhelming nature which itself was of no use in treatment. It was only when the thought, instead of the action, could be brought to his sessions, that we could begin to see its true meaning.

It is difficult for me to be as specific as Kestenberg is in explaining the genesis of acting out. The form of the acting out, related in turn to a specific state of the transference, can often tell us more precisely what is the reason for the acting-out at any one period of the treatment. In my experience, the anxiety which may force the patient to act out can usually be traced to one of various developmental phases, rather than to one specific period as described by Kestenberg.

Freud's concept of acting out referred to specific pieces of behaviour during the analysis of neurotic adults. When we apply this concept to an understanding of certain forms of behaviour in analysis and to a differentiation between acting out and enactment or dramatization, it is crucial first to have a picture of those modes of expression which are age-appropriate at the different developmental phases. Before we can distinguish between actions and acting out, we have to clarify what is "normally" appropriate at the various ages. For example, to

what age is action the predominant mode of expressing mental content?, and from when onwards does verbalization become the *main* vehicle for the expression of thought? It is only when the person is able, either through development or through the analytic work, to contain the act in thought but unconsciously chooses to act, that we can begin to think of an action as possibly representing a form of acting out. Algie's behaviour seemed to me primarily to be dramatization which included his identification with the damaged mother, rather than an effort by him to live out a piece of the transference.

The main point which I wish to make about technique is that the manner in which we may deal with certain actions depends on our ability to differentiate between what is discharge, what

is defence, and what is meant as a communication. Such a differentiation would enable us to know which pieces of behaviour, and especially which "acting out" is hindering treatment progress and which is helping. Any acting out, whatever its genesis, must in the long run be detrimental to treatment progress if it is not able to be interpreted. In this sense, I agree with Kestenberg that there are times when prediction can be a great help in developing a sense of observation in the patient, and this can be of help in the treatment. I would add, however, that one danger in the use of prediction with some patients, both children and adults, is that they may take it as permission by the analyst to act out, and this can sometimes impede treatment progress rather severely.

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IMPULSE—ACTING OUT—PURPOSE: PSYCHOTIC ADOLESCENTS AND THEIR QUEST FOR GOALS¹

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In assessing the behaviour of schizophrenic adolescents as they seek life goals and direction, one cannot easily overlook the parallels between their actions and those of normal adolescents, who, in their struggle for identity and purpose, often experience growth crises which are difficult to distinguish from pathology.

Anna Freud (1937) summed up the state of affairs with a few master strokes. She describes adolescents as:

... excessively egoistic, regarding themselves as the centre of the universe and the sole object of interest, and yet at no time in later life are they capable of so much self-sacrifice and devotion. They form the most passionate love relations, only to break them off as abruptly as they began them. On the one hand they throw themselves enthusiastically into the life of the community and, on the other, they have an overpowering longing for solitude. They oscillate between blind submission to some self-chosen leader and defiant rebellion against any and every authority. They are selfish and materially-minded and at the same time full of lofty idealism. They are aesthetic but will suddenly plunge into instinctual indulgence of the most primitive character. At times their behaviour to other people is rough and inconsiderate, yet they themselves are extremely touchy. Their moods veer between light-hearted optimism and the blackest pessimism. Sometimes they will work with indefatigable enthusiasm and, at other times, they are sluggish and apathetic.

Erkson (1950) characterized the adolescent's task during this phase of development as a search for a permanent adult role, for occupational, social, religious, and personal commitments. This quest leads him through an *identity crisis* which cannot be resolved unless society permits the adolescent a psychological and social moratorium, releasing inner organizing forces which will enable the adolescent to move toward young adulthood.

Pumpian-Mindlin (1965) has described this phase of the adolescent's search for commitment in terms of *omnipotentiality*, a megalomaniac-like belief that he can reach any goal while, at the same time, committing himself to non-permanency. Potentially he can reach any goal—or none; and during this phase the adolescent engages in adaptive or maladaptive struggles which will determine the outcome, while the parent generation watches with anxiety and envy.

Frequently these young people give us a distorted picture, puzzling to the clinician, of pseudo-identification with the adult world, engendering the equally distorted pseudo-judgment that adolescence itself is a kind of illness. At times, one can hardly differentiate between psychopathology and normal growth crises. Even though in many aspects of their development, normal and schizophrenic adolescents may present corresponding features, some clear clinical syndromes can be delineated. The psychopathological state expresses itself in symptoms which, while reminding of the average adolescent crisis, carry the germs of destructive illness, leading to the lack of capacity for the solution of such age-specific problems as the establishment of realistic aims and the acquisition of skills by which to achieve them.

The clinical material which follows describes psychotherapeutic work with a schizophrenic adolescent girl, the vicissitudes of whose treatment I have previously described (1966a, 1966b, 1967). Theresa was at first hardly reachable and often out of contact. As she slowly ventured out of her autistic world and tried to join the world of her peers, as well as of the adults who were part of her social situation, she tried desperately to cope with a catatonic-like paralysis which kept her from putting into action whatever plans she was capable of initiating. These plans seemed to remain

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forever part of her infantile and primitive fantasy world, like the promises small children offer their parents in order to secure love but do not really mean to keep. The difference, however, between a small child who makes a promise as a love-restoring device, and Theresa, our patient, is that the small child learns, in time, to deal with the promise in the fullest sense of the word and attempt to live up to it, while Theresa's promises could never be kept. They were but static symptoms of her regressed position and were forgotten as soon as the psychotherapist was out of sight. When she finally remembered a promise, the mere recollection was experienced as a fulfilment of the promise itself. However, as she continued on the slow, barely discernible road to recovery, she learned to live up to small promises which she could fulfill on the instalment plan, so to speak.

Her practical life goals during this phase of psychotherapy were concerned with such issues as being able to leave the shower room, not after hours of preoccupation with delusional fantasy activity while under the shower, but after a specified time, enabling her to be on time for the volunteer worker who brought her to the clinic. Somewhat later, she experienced as a major achievement her newly-gained capacity to take a bus by herself, and to remember the number of the bus. This task occupied her mind for weeks and months until she could triumphantly report that she had reached this goal, which she saw as a great accomplishment, although her performance was completely out of proportion to what ordinarily would be expected of a young person her age.

The life goals she had set for herself were tiny, short-term ones. For example, she described during an interview how her social and psychological paralysis had finally yielded after many weeks and she was now "moving around a bit, helping the Sisters a bit" in the Catholic boarding home where she resided. Obviously, this very small investment in the world of reality, the world of social action and of actuality, indicates that much of her psychic energy was invested in other areas of her life.

I should like to offer material from another research patient at this point in order to stress certain interesting aspects of these minimal, short-term goals, so meagre when compared with the real task to be accomplished during the moratorium of adolescence. Donald, a schizophrenic adolescent (Caruth and Ekstein, 1964; Ekstein, 1965, 1966a), is occupied in establishing

as his goal in the next few months the ability to eat lunch with the other children in the private school he attends. It takes months of mastering his anxiety and fear until he is capable of accomplishing this. In considering how to overcome others of his fears—of using the public bathroom, of joining other youngsters in a baseball game, or of eating and talking with his parents—he is impelled to discuss these problems for hours and weeks with obsessive rigidity, and one gains the impression of a powerful struggle taking place around a seemingly tiny issue.

What and where are the true investments of such patients? Theresa is sometimes capable of establishing a feeble bridge between her inner world, her delusional preoccupation, and her attempts to communicate with the psychotherapist. She does this by means of what I have called *borrowed fantasies*. She can talk about herself only via metaphoric allegories borrowed from television shows or movies, to which she is addicted. As she watches these shows she sometimes remembers enough of one so that she can communicate the plot, frequently in a changed and bizarre form, and does this in such a way that we realize she uses the show like a coat-hanger onto which she hangs her inner life during the transference struggle. The show becomes the brittle and unreliable bridge between her chaotic inner world and the vague desire to talk about that inner world.

The same hour (Ekstein, 1966b) which was guided by the attempt to report to her therapist that she was now successful in "moving around a bit" was one in which she used the screenplay, *Black Orpheus*, to describe the torment in her current transference situation. She saw herself as Eurydice who was involved with Orpheus but, at the same time, was persecuted by the jealous and vengeful Aristaeus. Eurydice dies a bitter death. Orpheus is able to resurrect her, but as he turns around to gaze at her, spurning Eurydice's desperate injunction, he loses her for ever.

Through her powerful identification with the heroine, Theresa indicates the underlying basic philosophy which motivates her psychotic behaviour. She considers herself as dead and, at the same time, miraculously alive. She lives through and dies a thousand deaths and tries to become alive over and over again. She shares with us the powerful and almost convincing fantasy that she is going to kill herself by the end of the year and, at the same time, tells us that she has improved so much that she will never

touch herself again, blurring the difference between masturbation and suicide. She has gained self-control and wants to live. But then she projects the very suicidal and/or sexual fantasy into a homicidal or raping expectation, claiming that someone, some man or perhaps some woman, will kill her, attack her, by the end of the year. Her search for love and acceptance, her struggle against death, are matched simultaneously by the search for death. Her fear of death is matched by her fear of life, and like Eurydice she moves backward and forward between the positions of life and death. The therapist at times is seen by her as the saviour, the beloved one, the rescuer, and at other times as the crucifier, the dangerous murderer, the raper.

One can see then that underneath the conscious, reality-oriented attempts to master small tasks and to stay committed to short-term goals lies a psychic system characterized by a profound inner struggle, the alternating commitment to life and to death. She does not search for goals which are going to make her life meaningful but struggles instead for her very existence itself. The meaning of her life is a life-and-death struggle.

She finds herself exposed to these powerful anxieties and inner terrors to such an extent that one might well say that she does not grapple with omnipotentiality but rather that she is beset by *omni-impotentiality*. She defends herself against the fear of omni-impotentiality, the utter helplessness and terror of dying, by means of a defensive fantasy which changes the omni-impotentiality into megalomania. Thus, in spite of the fact that her daily accomplishments involve no more than "moving around a little bit," learning to take the bus, learning to count change properly, and so on, she can speak of goals such as becoming a famous movie star, an outstanding singer, a great dancer, etc., goals that are indeed megalomaniac because she does nothing and can do nothing in order to move toward them. They are not goals but fantasies to cover up her helplessness, fear of destruction, and terror of her destructive impulses. They are promises to herself by means of which she strives to restore her self-love and to cope with self-destructive tendencies. These megalomaniac fantasy goals are promises to self which are not meant to be kept, comparable with the promises of the small child to his parent; and just as the latter promises are designed to restore the parent's love, these are for the purpose of

restoring self-love and megalomaniac narcissism. They are the psychotic version of what Schlesinger (1964) called *primary promises*.

The same holds true for our second patient, Don. Even though his accomplishments sometimes move at an unbearable snail's pace and are characterized by obsessive repetitiveness which paralyzes him as well as the therapist who attempts to listen (Caruth and Ekstein, 1964), he, too, establishes himself in fantasy as a powerful genius, a potential world leader, a great pianist, a person who will impress the world with enormous success. But behind these megalomaniac expectations loom his omni-impotentiality, his utter helplessness, his weakness, and his fear of loss of self and loss of object, as when he tells us that he needs proof that he exists. He sometimes looks at the therapist and then wonders whether this experience involves a real person or a cinematographic picture of the therapist. He must then touch the therapist in order to establish the reality of the situation for himself. Sometimes he does not believe he himself exists since he cannot see his own image except in a mirror, and he uses the mirror evidence to prevent himself from being devoured by anxiety and terror. Descartes' "*Cogito ergo sum*" is replaced by "You touch me or let me touch you; therefore I know that I am and you are."

We find then in these patients a variety of common denominators which all relate to the issue at hand: the quasi-search for goals. As we watch their rudimentary mastery of reality, we find that they have endless problems with social adjustment, school learning, work situations, and that they cannot master actuality, that is, apply reality testing to appropriate need-gratifying action. Even in those rare moments when islands of reality-testing are comparatively intact, we realize that little energy is available to them for social mastery, or for putting reality-testing into a context of actuality and organized achievement. We observe that small short-term goals dominate their lives as far as realistic problem solutions are concerned. We find also that these patients, through their fantasy activities, see their power, talents, and possibilities for success entirely out of context with reality. Unlike successful artists and writers—whom Freud described as achieving by means of their fantasies what they dream about in their fantasies; namely, honour, power, and the love of women—these schizophrenic adolescents have not found a way to translate fantasies and daydreams into goal-directed behaviour. But

still they see themselves, in spite of evidence to the contrary, as great persons, as world rulers, as creative artists, singers, or millionaires, who must wait for the fantastic fulfilment of their wishes or live with the delusionary conviction that they have reached their goal, without ever having to tie up these wishes or delusions with any kind of realistic behaviour. The primary process does not lead to the secondary process but ends in a dead-end street. They cannot see any relationship between these fantastic elaborations of their inner dreams and the very small investment they are able to make in their everyday dealing with social issues.

Their megalomaniac fantasies, however, are neither stable nor constant and frequently give way not only to underachievement and non-achievement but yield also to terror and deep-seated anxieties. Because of their fear that they and the world will be annihilated, much of their inner investment does not constitute a struggle to find meaning in life and to initiate purposeful goal behaviour, but rather results in a stay-alive struggle, the warding off of *Weltuntergangsphantasien*.

It must, of course, be emphasized that as these patients struggle for survival and against self-destruction, their use of such existential notions must be understood within the context of schizophrenic thought-disorder and disturbed object relations. By object relations we refer to the capacity or incapacity of patients to maintain object and self-representations within themselves. Theresa, in her use of the theme of Eurydice, gives us a powerful picture of what keeps her from coming to the "upper world," the world of Orpheus and reality, of light and insight, and what keeps her from maintaining this world so that she can really find meaning in life, rather than having to remain compulsively committed solely to the desperate struggle to stay alive, not to die. She struggles back and forth between the attempt to gain the object and re-establish the self-representation, and the regression in which

she loses both and is paralysed once more in a catatonic-like disaster.

We suggest that the inability to maintain goals and goal-directed behaviour, the incapacity to establish life purposes which are realistic, stems from the fact that schizophrenic adolescents are unable to maintain *object constancy*. Unlike their neurotic counterparts, who suffer from omnipotentiality, these schizophrenic youngsters suffer from *omni-impotentiality*, a feeling of impotence which extends to all spheres of life including the inability to maintain self and object representation. Their defence against omni-impotentiality, the hopeless struggle for survival, and the constant terror of death, is megalomania which resembles frequently the omnipotentiality of the ordinary adolescent, but is actually a forged replica of it.

We stress the issue of object constancy in order to indicate the direction in which research in psychotherapy with such patients must proceed. Many case-studies in our research (Ekstein, 1966a) have helped us to establish new techniques utilizable in the struggle toward object constancy. The neurotic adolescent must learn to resolve the unconscious conflict with objects of the past and present. But his is a conflict between separate individuals, between different representations of self, of past and present, and of objects of the past and present. The psychotic adolescent offers us a pre-object world and a pre-self world fused with the partial achievement of object and self-representations. As long as there are unstable introjects, the purpose and goal of life will be a desperate and hopeless struggle for existence, a compulsion endlessly to repeat past misery. But with the achievement of object constancy and the capacity for object relations, a new basis is created for the release and development of adaptive capacity toward self-actualization, the establishment of permanent and realistic life goals, and the use of reality as a source of challenge and nurture.

REFERENCES

- CARUTH, E., and EKSTEIN, R. (1964). "Certain phenomenological aspects of the countertransference in the treatment of schizophrenic children." *Reiss-Davis Clinic Bull.*, 1.
- EKSTEIN, R., and CARUTH, E. (1965). "To sleep but not to dream: on the use of electrical tape recording in clinical research." *Reiss-Davis Clinic Bull.*, 2.
- EKSTEIN, R. (1966a). *Children of Time and Space, of Action and Impulse: Clinical Studies on the Psychoanalytic Treatment of Severely Disturbed Children*. (New York: Appleton-Century Crofts.)

EKSTEIN, R. (1966b). "The Orpheus and Eurydice theme in psychotherapy." *Bull. Menninger Clinic*, 30.

EKSTEIN, R., and FRIEDMAN, S. (1967). "Object Constancy and Psychotic Reconstruction." *Psychanal. Study Child*, 22.

ERIKSON, E. H. (1950). *Childhood and Society*. (New York: W. W. Norton.)

FREUD, ANNA (1937). *The Ego and the Mechanisms of Defence*. (London: Hogarth, 1948.)

PUMPIAN-MINDLIN, E. (1965). "Omnipotentiality, youth, and commitment." *Journal Child Psychiat.*, 4.

SCHLESINGER, H. J. (1964). "A contribution to a theory of promising: I: Primary and secondary promising." Unpublished.

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COMMENT ON Dr EKSTEIN'S PAPER¹

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Ekstein's paper addresses itself to the study of the abnormal which by its distortions and exaggerations reveals the normal from which it deviates. The borderline and the psychotic child hold the key to much of the unexplored. Ekstein's study of schizophrenic adolescents aims at the delineation of definite clinical syndromes. He contrasts omnipotentiality with omni-impotentiality. His main findings are: inability to maintain object constancy, fear of loss of the self, megalomaniac fantasy goals to restore self-love and to cover up helplessness; the search for goals is a quasi-search.

I agree with his analysis of the "small promises," and I enjoyed his beautiful description of them. The primary process, he says, "does not lead to the secondary process but ends in a dead-end street." His patients "struggle for very existence," and they have only a "rudimentary mastery of reality." Theresa has only a "feeble bridge between her inner world, her delusional preoccupations and her attempts to communicate with her therapist." She does it by borrowed fantasies.

I will restrict my remarks to the discussion of the material from the structural point of view. Though I agree with much of what Ekstein says, I would like to raise some questions. First, does, as he says, the development of the schizophrenic adolescent really parallel that of an average adolescent? The parallel exists, I think, only in the most general outlines. I fail to see a parallel

between the adolescents described by Anna Freud and Ekstein's patients. Nor do I think can Erikson's concept of the identity crisis be applied to them. The schizophrenic adolescent may have the same tasks, but his equipment to deal with them is quite different—it is faulty and insufficient.

This leads to my second question. Were the "germs of destructive illness" which prevent these patients from solving the adolescent problems not also active before? I would assume they were active through latency as well. Are some of the "tasks" (like Theresa taking a bus) adolescent tasks? I see them more as achievements of a latency child, comparable with the ability of a young child to tie his shoes. I would rather call them masteries than goals. Are they really life goals?

I wish I knew something about Theresa's and Don's development before adolescence. I do not mean "coat-hangers" to hang the cases in the simplified cause-and-effect sequence, but a profile, let us say, of latency. We then could see what the additional stress of puberty, with all its social and maturational implications, did to whatever precarious balance existed before. It is difficult to evaluate the problem of loosening of original object-ties without knowing to what degree these ties existed in childhood. Ekstein describes the disturbed object relations, refers to the incapacity to maintain object and self-representation, and shows how much Theresa

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July, 1967.

struggles between reaching for the object and regressing into a "catatonic-like disaster." With this in mind, I would then think that the major problem of these schizophrenic adolescents is this: the loss of the object tie, a tenuous one at best, is too threatening to them, and they react to this loss by withdrawal and regression.

Ekstein found that "the psychotic adolescent offers us a pre-object world and pre-self world fused with the partial achievement of object and self representations." How partial is this partial achievement? Our evaluation of the structure of the personality is based on the answer to this question.

Certainly if therapy can achieve object constancy, the psychotic patient will accomplish the task of puberty: one has to have infantile objects to abandon them and find new ones. But how? Can the patient at this stage pick up trends lost when the failure occurred, and, in an accelerated development, catch up with the evolution of normal personality? Ekstein speaks repeatedly of the regressed position of his patients. What was the position from where they regressed? What made them regress? Would it not be more accurate to call them underdeveloped instead of regressed children?

As for Ekstein's important observations on omni-impotentiality which he correctly connects with the patient's inability to maintain self and object representation, couldn't we also look at the omni-impotentiality as the inability of the defective (or underdeveloped) ego to master life and to maintain itself?

Now to the problem of anxiety. Ekstein calls the desperate struggle for existence "a compulsion to endlessly repeat past misery." I would rather regard it as a continuous struggle which remained unsuccessful. It is different from the neurotic fear of death. In my view it is annihilation and ego-disintegration anxiety. When Don doubts his own existence because he

cannot see himself, it certainly means lack of differentiation between self and object. He recognizes an object by visual incorporation. (I observed a similar difficulty in a borderline identical twin for whom self-image was contaminated by the image of the twin and in whom the mirror image started the identification through visual incorporation.)

Ekstein's description of the "transference struggle" raises still another question. It is very difficult indeed, in patients with severe ego defects, to separate transference from the use of the therapist as an auxiliary ego, as a need-satisfying object, and as a new object. Ego weakness, I would think, accounts also for the little energy available for social mastery, so characteristic for these patients.

Ekstein rightly makes the lack of object constancy the crucial issue. My remarks stress the disturbed ego development. What is missed in the development of the personality in these patients is the fusion of libido and aggression in the context of a love object. The destructive fantasies are poorly checked and produce a panic—but they are fantasies. I should not exaggerate: there was "partial self- and object-representation." The fact that the megalomaniac fantasies are not stable and give way to terror suggests to me that they represent a defence (not a successful one, to be sure) rather than the manifestation of "primary narcissism." The difficulty in discussing this point stems from our difficulty in evaluating the degree of internalization in the personalities of schizophrenic adolescents. Ekstein's study will bring us closer to this evaluation.

When Ekstein, in 1966, discussed a paper of mine in San Francisco, he said that the differences in our opinions on this subject can be boiled down to the fact that I am a pessimist and he is an optimist. But, whether on the pessimistic or optimistic side, I trust that both of us are realistic.

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SHORT TERM EFFECTS AS INDICATORS OF THE ROLE OF INTERPRETATIONS IN PSYCHOANALYSIS¹

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There has been, in recent years, an emphasis on curative factors other than interpretations in psychoanalytic treatment. Greenacre (1956) noted the tendency to divorce therapy from the consideration of the genetic basis of the neuroses and character disturbances. Zetzel (1956) stated that therapeutic results were attributed to identification with or introjection of the analyst and that the fundamental premise on which the conception of corrective emotional experience was based minimized the significance of insight and recall. Rycroft (1956) laid stress on the introjection of an unidealized "good" object in analysis and Lampl-de Groot (1956) emphasized the importance of identification with the analyst. Frosch and Ross (1964) reviewing the psychoanalytic literature for 1957, stated that papers in which insight based on the reconstruction of the infantile neurosis led to the therapeutic result were noticeable by their absence. Gitelson (1962) quoted Anna Freud's remarks that analysts expect therapeutic results to come about not as a result of interpretation but rather from the mechanisms of introjection-projection and from the corrective emotional experience. Nacht (1962) stated that it is what the analyst is rather than what he does that matters.

If the importance attributed to interpretations is diminished, the distinctions between psychoanalysis and other forms of treatment becomes somewhat blurred, since, as Bibring (1954) has stated, insight through interpretation is the supreme agent in the hierarchy of therapeutic principles which are characteristic of psychoanalysis. Eissler (1958) similarly defines classical technique as the one in which interpretation remains the exclusive or leading or prevailing tool.

It seems clear that a treatment situation which provides a corrective emotional experience and an opportunity for the patient to identify with

his therapist need not be psychoanalysis. Whether a psychoanalyst is a better person to identify with than one who is not an analyst is another issue. It is, therefore, of considerable interest to find ways of establishing the importance of what is uniquely characteristic of psychoanalysis, namely the interpretation leading to insight. This task is rendered complicated by a number of circumstances. A multiplicity of factors, of necessity, is always present. If the analyst is the highly interested and sympathetic observer Stein (1966) stated he should be, his very presence over a considerable period of time might be therapeutic. Furthermore, as Loewenstein (1958) has stated, it is doubtful whether anyone has ever carried an analysis through to a successful conclusion without having done anything but interpreting.

As Ross (1964) has noted, the retention of conscious insight after analysis does not appear necessary for the achievement of excellent results. This suggests that evidence as to the role of interpretations is more likely to be obtained during the course of an analysis than after its termination. As Wolman (1964) has stated, minute observation of what goes on in the psychoanalytic process is necessary.

Doubts about the value of individual clinical research have been expressed by Bellak (1961), who would restrict the term research to observations made by more than one person. An unqualified acceptance of this viewpoint would mean that valid observations could come only from some of the organized research projects now in progress. However, Strupp and his collaborators (1966) have recently reported that in a research situation in which there is more than one observer, a high degree of agreement among them may be obtained, provided the clinical judgement is close to observable events, while the agreement is lower if a high degree of inference is required. This would indicate that

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an individual psychoanalyst studying the effects of an interpretation can obtain evidence approaching in usefulness that obtained by several investigators provided he reports on such "observable events."

In order to attribute a specific therapeutic role to a particular psychoanalytic interpretation, it must be established that a change has occurred in the patient, that this change is in the direction of improvement, that it is due to the interpretation, and that the interpretation produced its effect through insight. It seems reasonable to attribute change to a particular interpretation provided the state of affairs with respect to which change is observed had existed for a sufficiently long time that a spontaneous change is unlikely, that the change occurs within a short time after the giving of an interpretation, that it can be observed in several areas, e.g. behaviour, affect, dream, and that there should be no other event, such as a modification in the life situation of the patient, to account for the change.

A great many interpretations do not fulfill the requirement of producing change within a short time. They have, rather, what Loewenstein (1958) has called, a long-range influence. In addition, as Greenson (1964) has stated, all insights have to be repeated and elaborated so that, at best, only a certain degree of change can be observed following any one interpretation. In many instances, insight does not lead to change, and a period of working through is necessary (Greenson, 1965a).

When observable change occurs, it is not necessarily due to insight. Freud (1923) cautioned about considering as a great step forward a so-called dream of recovery, stating that quite often such dreams signify a wish to be well at last, in order to avoid another portion of the work of analysis which is felt to be ahead. Glover (1931) has described how an inexact interpretation produces change not through insight but by the patient using it as a displacement-substitute. Loewenstein (1965) mentioned the problem of distinguishing insight from the manifestations of resistance in patients who use pseudo-insight as a means of complying or competing with the analyst. Greenson (1965b) drew attention to the fact that a patient may work well temporarily in order to gain the analyst's love.

All these reservations being considered, a clinical example will now be given of a particular interpretation, the effect of which was a distinct change from homosexuality toward hetero-

sexuality in an overt homosexual this change being observable in several areas.

The patient had first entered analysis at age 36 in another city because of difficulties in his work and overt homosexuality. The homosexual behaviour had begun in his adolescence and continued uninterruptedly since that time. He married at age 20, hoping thereby to escape from this problem, but homosexual activity went on during his marriage; he separated from his wife after a few months and divorced her later. Some time before coming to Montreal he had let it be known in his professional circles that he was available, and he had received an offer of employment. He therefore informed his previous analyst and his previous employer that he was leaving, deriving satisfaction from his ability to reject them, and at the same time not fully accepting the responsibility for his decision, stating that he was leaving because the offer he had received was so good, it could not be resisted. He informed me during his first visit that he would only be in Montreal, and therefore in analysis with me, for a predetermined length of time, the duration of his contract with his new employers. However, after a few months he began again to intimate to colleagues that he might be willing to move. His need to be wooed (the word was his) and to reject were interpreted as identification with his alternately seductive and rejecting mother, and this behaviour abated.

However, neither interpretations dealing with this identification, nor interpretations dealing with rivalry with his domineering but largely absent father, nor his previous two years of analysis, had any observable effect on his homosexuality. When the patient had been in analysis with me for about eight months, he told a dream in which his sister and an associate of his were injured, were "paralyzed and speechless". In his associations, he stated that this man reminded him of his father. The day residue was that his father had told him of having reimbursed the patient's sister for the cost of an expensive airplane ticket. This information had made the patient quite angry, as he had invited his sister to come and had already paid for the ticket himself. The interpretation was then given that the patient was jealous of how easily his sister could obtain things, while he had to work hard for whatever he obtained and that his anger at his sister had led him to reject all women. This interpretation was based not only on the dream but on other material dealing with

his sister, which had been discussed previously.

The patient reacted to this particular interpretation with a sense of discovery and indicated that this was the first time he had been told anything which helped him to understand why he rejected women and used men as sexual objects. He produced additional new material confirmatory of the interpretation, including his resentment that a call-girl could earn a hundred dollars just lying on her back, that when a man took a girl out on a date, he had to pay for her, and that a husband had to support his wife.

At the next session, which was the following day, the patient reported a dream in which he had lunch with his former wife. The feeling in the dream was that this was a pleasant experience. This was the first time since beginning analysis that the patient had a dream in which a woman appeared and where the affect was pleasant. A few days later he reported that, for the first time in his life, he had actually experienced a wish to date a woman and had done so. He stated that any previous relationship with a woman, including his marriage, had taken place because of his feeling that he ought to become involved in such a relationship rather than because he wanted to. With the exception of his marriage, all these relationships had consisted merely of a few dates, usually in connection with a social function at which the presence of a female companion was more or less mandatory.

It should be noted that the interpretation given was incomplete in several respects: it did not include the transference, nor the patient's motivations in having invited his sister in the first place. The element of deception on his sister's part in accepting money twice for the same thing was not mentioned. Furthermore, the displacement onto all women of his anger at his sister did not constitute a complete explanation of his homosexuality which, like other mental disturbances, served multiple functions (Waelder, 1936). Nevertheless, this interpretation had five observable effects: a feeling of discovery; associations containing something similar to the construction, which Freud (1937) considered a valuable confirmation of the construction; a change in the patient's behaviour; in his affect; and in dream material. It is probably to this kind of interpretation that Luborsky *et al.* (1958) refer, when they speak of pivotal factors in treatment. Even so, this interpretation of course did not "cure" the patient of his homosexuality and a great deal of analytic work remains to be done.

It should be mentioned that at the time the interpretation was given, a working alliance (Greenson, 1965a) had become established. This had not been present at the beginning. The patient had been quite ambivalent about coming into analysis again in Montreal, and had delayed contacting an analyst for several months. When he did begin his analysis with me, he was visibly ill at ease and would remain silent for several minutes at the beginning of each session, during which period he would make hand movements indicative of embarrassment. He saw me as a person harshly critical of his homosexuality rather than as someone who was trying to help him. It took several months to deal with these feelings, which involved many transference elements, before the patient could accept me in a therapeutic role. It seems probable, although of course impossible to prove, that had the interpretation the effects of which are described in this paper been given at an earlier date, these effects would not have occurred.

In this connection both Greenson (1965b) and Zetzel (1965) have emphasized the importance of certain characteristics of the analyst as a person. Greenson stated that if we want the patient to develop a realistic and reasonable working alliance, we have to work in a manner which is both realistic and reasonable, while Zetzel compared the qualities in the analyst which foster the therapeutic alliance to those intuitive responses in the mother which lead to successful early development in the baby.

There is clearly a distinction, however, between considering certain characteristics of the analyst as one of the prerequisites for the development of a satisfactory analytic relationship and the views of those who assign to the analyst as a real object an importance in the analytic process itself, which tends to minimize that of interpretation and insight.

The effects of any one interpretation can at best only be minute in relation to the totality of an analysis. In the example given, while minute, they were definite, observable in several areas, and had an objective character. The direction of change, from homosexuality toward heterosexuality, would be generally accepted as being that of improvement without becoming involved in controversy as to precisely what constitutes mental health.

This suggests that a sufficient number of similar observations, made in cases where the disturbance takes a form which is objectively visible, and where change of whatever degree can

therefore also be seen with a certain degree of objectivity, could provide acceptable evidence to

support the importance traditionally given to interpretation and insight in psychoanalysis.

REFERENCES

- BELLAK, L. (1961). "Research in psychoanalysis." *Psychoanal. Quart.*, 30.
- BIBRING, E. (1954). "Psychoanalysis and the dynamic psychotherapies." *J. Amer. Psychoanal. Assoc.*, 2.
- EISSLER, K. R. (1958). "Remarks on some variations in psychoanalytic technique." *Int. J. Psycho-Anal.*, 39.
- FREUD, S. (1923). "Remarks on the theory and practice of dream-interpretation." *S.E.* 19.
- (1937). "Constructions in analysis." *S.E.* 23.
- FROSCH, J. and ROSS, N. (1964). *Annual Survey of Psychoanalysis*, 8.
- GITELSON, M. (1962). "The curative factors in psychoanalysis: the first phase of psychoanalysis." *Int. J. Psycho-Anal.*, 43.
- GLOVER, E. (1931). "The therapeutic effect of inexact interpretations: a contribution to the theory of suggestion." *Int. J. Psycho-Anal.*, 12.
- GREENACRE, P. (1956). "Re-evaluation of working through." *Int. J. Psycho-Anal.*, 37.
- GREENSON, R. (1964). Contribution to panel on theory of psychoanalytic therapy, reported by Altman, L. *J. Amer. Psychoanal. Assoc.*, 12.
- (1965a). "Working alliance and transference neurosis." *Psychoanal. Quart.*, 34.
- (1965b). "The problem of working through." In: *Drives, Affects, Behavior*. Vol. 2. ed. Schur. (New York: Int. Univ. Press.)
- LAMPL-DE GROOT, J. (1956). "The role of identification in psychoanalytic procedure." *Int. J. Psycho-Anal.*, 37.
- LOEWENSTEIN, R. M. (1958). "Remarks on some variations in psychoanalytic technique." *Int. J. Psycho-Anal.*, 39.
- (1958). "Variations in classical technique: concluding remarks." *Int. J. Psycho-Anal.*, 39.
- (1965). "Observational data and theory in psychoanalysis." In: *Drives, Affects, Behavior*. Vol. 2, ed. Schur. (New York: Int. Univ. Press.)
- LUBORSKY, L., et al. (1958). "The psychotherapy research project of the Menninger Foundation." *Bull. Menninger Clin.*, 22.
- NACHT, S. (1962). "The curative factors in psycho-Analysis." *Int. J. Psycho-Anal.*, 43.
- ROSS, N. (1964). Contribution to panel on theory of psychoanalytic therapy, reported by Altman, L. *J. Amer. Psychoanal. Assoc.*, 12.
- RYCROFT, C. (1956). "The nature and function of the analyst's communication to the patient." *Int. J. Psycho-Anal.*, 37.
- STEIN, M. H. (1966). Letter to V. B. O. Hammett. *Amer. J. Psychiat.*, 122.
- STRUPP, H. H., CHASSAN, J. B. and EWING, J. A. (1966). Toward the longitudinal study of the psychotherapeutic process, In *Methods of Research in Psychotherapy*. ed. Gottschalk and Auerbach. (New York: Appelton-Century-Crofts.)
- WAELDER, R. (1936). "The principle of multiple functions: observations on over-determination." *Psychoanal. Quart.*, 5.
- WOLMAN, B. B. (1964). "Evidence in psycho-analytic research." *J. Amer. Psychoanal. Assoc.*, 2.
- ZETZEL, E. R. (1956). "Current concepts of transference." *Int. J. Psycho-Anal.*, 37.
- (1965). "The theory of therapy in relation to a developmental model of the psychic apparatus." *Int. J. Psycho-Anal.*, 46.

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COMMENT ON Dr NAIMAN'S PAPER¹

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Naiman's paper represents a valuable addition to psychoanalytic clinical research. It sets itself the aim of confirming the statement that "a particular psychoanalytic interpretation"

can have a direct therapeutic effect, "and that the interpretation produces its effect through insight". Naiman, moreover, adds stringent requirements for such empirical confirmation of

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

the general statement concerning the specific role played in psychoanalysis by interpretations, as opposed to the supposed curative influence of the analyst's personality. The clinical confirmation presented in Naiman's paper is entirely convincing and is an example of a kind rarely found in the recent analytic literature. I am in complete agreement with Naiman's position in respect of the specific role of interpretations in psychoanalytic treatment.

The general statement about the possible therapeutic influence of interpretations must be made more precise, of course, or qualified in several ways. Firstly, we must remember that interpretations are not the only things that happen during an analysis. A wide range of psychic processes takes place within the patient, and between him and the analyst, which can have a favourable therapeutic influence on the patient—his free associations, and their effects upon him; the various interventions of the analyst prior or preparatory to interpretations; a variety of transference phenomena; the way the analyst helps the patient to deal with them; etc., etc. Among these various factors, "the personality of the analyst" most probably plays some role, but this term is so general and imprecise that no convincing conclusions can be drawn about its alleged influence on the patient.

Secondly, it must be borne in mind that the effects of non-interpretive interventions may be considerable, but none the less not exclusive to the psychoanalytic treatment; they are of an ancillary nature. Interpretation is not so much the most important as it is the *specific* tool of psychoanalysis, although nowadays often employed also in the so-called psychoanalytically oriented psychotherapies. Moreover, the *special* use to which the tool of interpretation is put, namely, the working through, is specific for analytic therapy.²

Thirdly, various types of interpretations must be distinguished, of which some may at times

have immediate effects, whereas others, without such consequences, are nevertheless specifically representative of the analytic method. The latter are, for instance, the genetic interpretations or the reconstructions; whereas the dynamic interpretations, which succeed in overcoming the patient's resistances, are especially valuable from a therapeutic point of view, although their effect may not always consist of insight followed by a short term improvement.

After this digression, let us return to the problems raised by Naiman's case. One might wonder why his particular interpretation produced an insight going beyond the interpretation itself and resulted in changes in the patient's behaviour. Although these changes went in the direction of health, they do not necessarily indicate any stable improvement of the patient's condition. The consequences of interpretations and of insights are overdetermined. They may be immediate or indirect (Hartmann). The insights may also stand in the service of resistance (Kris). And yet in Naiman's patient the particular consequence of an interpretation was in the direction of health, in spite of its overdetermination.³

In his description of the case, Naiman gives several clear clues to what had happened during this analysis prior to the particular interpretation. But these clues do not seem to explain sufficiently why that particular interpretation of a dream, given at that particular moment, had the effects described. After all, we know that in all cases the preparatory work in analysis and special considerations, such as the hierarchy, timing, and wording of interpretations, are important contributing factors to their effectiveness. I wonder therefore whether Naiman might remember what closely preceded the crucial moment in the analysis described in his paper, that might have contributed to the special effects of the interpretation upon the patient.

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² As pointed out by Gerhart Piers during the discussion.

³ I stressed the importance of overdetermination in reply to discussion remarks made from the floor.

INDICATIONS AND CONTRAINDICATIONS: LESSONS FROM THE SECOND ANALYSIS¹

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In a previous communication concerning "Assessment of Analyzability" (1960) I attempted to define what is meant by the term unanalysable (a term to be distinguished from untreatable). An unanalysable patient is one

... who will in the course of an analysis for whatever reason, either quit the treatment prematurely, or become significantly sicker, or behave in a way dangerous to himself or others, or fail to progress beyond a certain point while being content to remain in analysis.

A wide variety of factors, including historical and situational influences as well as characterological and dynamic phenomena, were seen to contribute to these potential difficulties. In that paper (1960) I tried to demonstrate that the factors involved were the same as those whose status we evaluate in deciding on analysis as the correct treatment for a particular patient at a particular time.

A special set of patients offer an opportunity to study the problem of indications from another point of view. These are patients who were considered appropriate candidates for analysis, but whose problems or therapeutic course led them to a second analysis after an unsatisfactory or incomplete result in the first. The literature contains many references to instances of successful second analyses, usually as clinical illustrations in discussions of working through, termination of treatment, technique of interpretation and transference and countertransference problems. Some papers dealing with the theoretical questions of definition of cure and ego psychology also refer to second analyses, but there are very few authors who deal with this subject directly.

As far as possible I have studied the literature to determine whether the reports of second analyses have added to our understanding of why

a patient who was considered analysable to begin with, proved in fact to be unanalysable, at least in the first analysis. If the difficulties encountered were the result of inadequate indications for analysis, can it be determined which aspect of the historical or characterological assessment was inaccurate or incomplete? Is there any evidence for the existence of common features in these cases, either a syndrome of intrapsychic phenomena or some combinations of personality features and external realities, which can be said to lead to the need for a second analysis? Are such features detectable at the time of the initial assessment of analysability? Was the successful result of the second analysis due to the timely anticipation and correct handling of technical problems? Were these in the area of interpretation of resistances, management of potentially disruptive transference states, or awareness of threatening symptomatology or behaviour? Were any special technical procedures demonstrated to be necessary by the success of the second analysis, and which techniques could be recommended as superior?

It is instructive to compare the main ideas relevant to these questions which can be found in significant contributions by Greenacre, Greenson, Kris, and McLaughlin who have each offered a different emphasis in their discussions of clinical experiences which included re-analysed cases.

Greenacre's paper, "Reevaluation of the Process of Working Through" (1956) and several of her other papers lay stress on the organizing effect of actual pre-pubertal experiences which crucially and traumatically affect subsequent psychic development, and which can indirectly lead to disruptive difficulties in an analysis. She speaks of the "adhesiveness of the neurosis" in such cases, and relates the difficulties in the analysis to the institution of

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967

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massive repression and denial of earlier fantasies. Some of these patients arranged to be victimized by others, or to feel victimized, as a defence against guilt feelings, and the resultant avoidance of feelings of responsibility led to a serious resistance in the analysis. In other patients the technical difficulties were related to recurrent bouts of depression, obsessive-compulsive or phobic states, neurotic overactivity or hypomania, conditions which resulted from the childhood traumata that had been so disruptive to the patient's mental development.

Greenacre despairs of the effectiveness of the reconstruction of the earliest infantile fantasies in these cases unless the organizing traumatic experiences are thoroughly worked through. No unusual technical procedures are described to qualify what is meant by working through, but it is considered essential that the analyst sense or guess that some crucial traumatic experience had actually occurred, and to focus on this critical area of the analysis with great persistence and thoroughness. In Greenacre's experience, certain clues point to the significant material, such as the repeatedly incongruous omission of a detail of memory, or the repetitive allusion in the course of free association to a specific age, date or place. Recurrent dreams, isolated delusions or hallucinations may also indicate the direction to pursue. Neglect of such material seems to Greenacre to be implicated in the failure or short-lived effect of many first analyses. However, such clues as those mentioned above are almost all of the sort which are not available to the analyst when an initial assessment is undertaken. Because they involve repetition, these phenomena can be discovered only as the analysis progresses. Histories given by these patients at the start of their analyses were not extraordinary or bizarre, for the conflicts which they presented as part of their conscious memories and usual behaviour were not notably different from that of a wide variety of patients.

Greenson (1965) describes a case where persistent blocking of analytic work in the second analysis (as had occurred in the first) seemed to be related to a particular homosexual fantasy. The patient equated analytic interpretation with sexual penetration as part of a reinstinctualization of the entire learning process, and the conflicts involved also contributed to an inhibition of identification with the analyst. When the determinants of this particular resistance were thoroughly analysed, an effective result was achieved. Greenson offers the

observation that whenever a traumatic event of the patient's past, or the frightening wish derived from the patient's conflict, is equated with one of the necessary processes of the psychoanalytic therapy, some severe limitation of analytic effectiveness will follow.

This formula seems applicable to many resistances in analysis. It does not, by itself, explain why some of these resistances are so much more severe than others. Greenson, like Greenacre, attributes the success of the second analysis to thorough working through of the patient's specific resistance, rather than to some technical innovation.

Kris is the only author who explicitly discussed the differences between a first and second analysis with a view to explaining why the second had been more successful than the first. In several instances he pointedly focuses on the differing effects of alternative interpretations of the same or similar material encountered in the first and second analysis, and differentiates the understanding attributable to an approach from the side of the id and that which follows defence interpretation. Accordingly, he places great importance on the study of *patterns* of defensive behaviour and on tracing them back to their infantile prototypes as part of the work of demonstrating the links between present and past. This approach is highlighted in his papers on "The Recovery of Childhood Memories" (1956a) and "The Personal Myth" (1956b). In the latter paper the defensive and resistance function of an autobiographical screen is discussed in a way which suggests many implications for therapeutic work, including the need for caution in the assessment of a proffered history. In the paper on childhood memories he touches on some of his experience with second analyses as it bears on the impact of successful reconstructive work. He notes how much variation there is in the reporting of lasting awareness of specific analytic interpretations and of the patient's expanded knowledge of his past life. Kris finds no correlation between such awareness and therapeutic results, and he considers this awareness an unessential goal in analytic work, except perhaps in training analyses.

Special transference problems illuminated by a second analysis have been discussed by several authors, whose approaches have varied considerably in emphasis and point of departure. In the "Panel Discussions on Problems of Reanalysis" of the American Psychoanalytic

Association, reported by McLaughlin (1959), a variety of faults and features of the analyst are implicated as possibly contributing to the unsuccessful first analytic result. First to be mentioned are gross or continued subtle errors rooted in unresolved or recurrent neurotic difficulties on the part of the analyst (counter-transference). Secondly, the match between the analyst and the personality features, interests, and talents of the patient was held to be of greater importance in some cases than is generally recognized. The implications of this phenomenon for selection of patients is obvious, but it is also idiosyncratic, and the usual considerations of this problem in the literature contribute little to the general understanding of the question of indications. Anderson, whose report to the Panel of nineteen cases contributed to the observations noted above, considered that vicissitudes in the patient's life situation and maturation helped to determine the success of the analysis at one particular time rather than at an earlier time. Serota, in the same discussion, examined a case whose second analysis was at a later time in life and with an analyst of the opposite sex, the Wolf Man. Here the existence of unresolved transference complications was undeniable and the well-known extra-analytic involvements between Freud and his patient were crucial. In this case the first analysis served as a preparatory procedure, enabling the patient to achieve some distance from intense instinctual pressures as they were mobilized in the transference. The views expressed would seem to suggest that in patients considered analysable to begin with, this preliminary work would mark the first portions of the analysis, but it would not ordinarily be expected that it would require a second analysis to complete the job. Transference demands are, to one degree or another, obtrusive and challenging in every analysis. Nothing in the literature directly suggests that patients undergoing a second analysis regularly show unusual transference problems, or that they are tied in with a specific type of history, defensive style, or symptomatology, and require a special technical approach.

This survey of the literature thus leads to the following main impressions:

(i) There is no evident change in the technique of assessment of analysability which could obviate most of the difficulties alluded to.

(ii) There are no widely seen constellations of developmental experiences or characterological

features which could promptly and reliably direct one's attention to a precise area of analytic work in which specific interventions are especially indicated.

(iii) No unusual technical interventions are cited which would account for successful results in a second analysis which would not have been applicable in the first instance of therapy.

My personal experience, augmented by impressions reported by colleagues drawn from many instances of reanalysis, leads to a number of observations which the literature does not seem to contradict.

(1) In cases which are by all reasonable evaluations suitable for analysis, but prove to be incompletely or unsatisfactorily analysed, the analyst's technical and theoretical limitations are implicated in most instances. Failure to understand the dynamics of the patient's problem or confusion about the course and sequence of the development of the analysis predispose to anxiety and errors in technique of many sorts. Of these, the gravest consequences seem to follow the failure to offer prompt, timely, accurate, and appropriately persistent and extensive interpretation of the transference. Wagner (1963) described a number of cases where chaotic, instinctualized transferences or sterile intellectualized non-involvement in the analytic process led to therapeutic failure, but the bulk of the patients in this series seemed foredoomed by severely narcissistic infantile characters. Even with patients for whom analysis is indicated, any significant transference development which is not adequately analysed will prolong resistance and seriously jeopardize the analysis.

(2) The second most common lesson of the accumulated experiences about reanalysed cases seems to be that a failure or unwillingness to recognize the limitations of analysis as a therapy in certain cases leads to misdirected emphases and goals. The analysis fails to produce satisfying results or there is an inappropriately gratifying prolongation of treatment. In some instances situational factors have been a decidedly limiting effect on analysability, and among these the complications of candidate status rank high. Arlow (1966) points out several special features of the training analysis, and notes that its focus on preparation for a new profession aims at the reformation of the ego-ideal. The attendant dangers of overidealization of the analyst and of analysis itself make for

difficulties which can often be severe. In patients other than candidates, there can be developments in the life situation which may account for the more satisfactory result in an analysis at a later, compared with an earlier, time. These frequently relate to the relationship to parents or spouse, but also include vicissitudes of personal maturation and life experience.

Finally, note must be taken of the fact that a second analysis may be necessary, not because the first analysis was inadequate, but because its success in undoing the pathological resolution of a particular conflict or conflicts will not necessarily be a guarantee against the development of a subsequent symptomatic response. This may arise within a new conflict situation, or in response to an old conflict in an altered neurotic balance, especially when there is an incompletely reintegrated basic character structure. Strachey (1964) alludes to contradictory views expressed by Freud on the question of the extent of therapeutic change, and many, especially older, discussions of the theory of therapy and of the definition of cure do express a belief in the fundamental and long-lasting integrative effects of successful analytic work. Today, as a result of our growing understanding of the complexity of human psychology and neurogenesis, we are increasingly doubtful about unalterable, basic restructuring as a consequence of analysis. The development of undue therapeutic expectation and accompanying therapeutic zeal has its roots in the analyst's anxiety, and only a satisfactory

depth of theoretical understanding combined with painfully accumulated clinical experience will serve to mitigate this problem.

SUMMARY

A review of the literature and the collation of a variety of clinical impressions related to the phenomena of the second analysis suggest and reinforce certain observations concerning indications for psychoanalysis. In making an assessment at a particular time we must consider all the relevant capacities for functioning as an analytic patient we can discover through a close study of the derivatives and characteristic evidences of the patient's id, ego, and superego influences in the history and consultation. These must be thought of in conjunction with the patient's environment and its vicissitudes, particularly as they are likely to be influenced by the experience of being in analysis itself. Another crucial factor to be weighed in determining the propriety or possibility of a particular analysis is the suitability or match between the patient and the prospective analyst. Hoped-for clues to the anticipation or technical handling of difficult resistances are not usually available, and are in any event, no substitute for a constantly alert and theoretically well-grounded clinical perspective in the conduct of the analysis. Only in this way can the assessment of analysability and of the available technical and theoretical skill be combined to provide realistic estimates of analytic prognosis.

REFERENCES

- AARONS, Z. (1965). "On the analytic goals and criteria for termination." *Bull. Philadelph. Assoc. Psychoanal.* 15.
- ARLOW, J. (1966). "Working Through." *Bull. Assoc. for Psychoanal. Med.*, 6.
- DEUTSCH, H. (1959). "Psychoanalytic therapy in the light of follow up." *J. Amer. Psychoanal. Assoc.*, 7.
- FREUD, A. (1954). "Problems of technique in adult analysis." *Bull. Philadelph. Assoc. Psychoanal.*, 4.
- FREUD, S. (1914). "Remembering, repeating and working through." *S.E.* 12.
- (1937). "Analysis terminable and interminable." *S.E.* 23.
- GITELSON, M., et al. (1963). "Analyzability." (Panel Discussion). *Bull. Philadelph. Assoc. Psychoanal.*, 13.
- GRAY, P. (1965). "Limitations of analysis." Panel Report. *J. Amer. Psychoanal. Assoc.*, 13.
- GREENACRE, P. (1956). "Reevaluation of the process of working through." *Int. J. Psycho-Anal.*, 37.
- GREENACRE, P. (1959). "Technical problems of transference." *J. Amer. Psychoanal. Assoc.*, 7.
- GREENSON, R. (1965). "The problem of working through," In: *Drives, Affects, Behavior*. Vol. 2 ed. Schur. (New York: Int. Univ. Press).
- KARUSH, A. (1966). "Working through." *Bull. Assoc. for Psychoanal. Med.*, 6.
- KRIS, E. (1951). "Ego psychology and interpretation in psychoanalytic therapy." *Psychoanal. Quart.*, 20.
- (1956a). "The recovery of childhood memories," *Psychoanal. Study Child.* 11.
- (1965b). "The personal myth." *J. Amer. Psychoanal. Assoc.*, 4.
- (1956). "On some vicissitudes of insight in psycho-analysis." *Int. J. Psycho-Anal.*, 37.
- LEBOVICI, S. (1952). Introduction to the Discussion of "The Indications for Psychoanalysis." Abstract. *Annual Survey Psychoanal.*, 3.
- MCLAUGHLIN, F. (1959). "Problems of Reanalysis": (Panel Report). *J. Amer. Psychoanal. Assoc.*, 7.

NACHT, S., and LEBOVICI, S. (1961). "Indications and contraindications for psychoanalysis." Abstract. *Annual Survey Psychoanal.*, 6.

NUNBERG, H. (1954). "Evaluation of the results of psychoanalytic treatment." *Int. J. Psycho-Anal.* 35.

OBERNDORF, C. P. (1950). "Unsatisfactory results in psychoanalytic therapy." *Psychoanal. Quart.*, 19.

REICH, A. (1951). "On countertransference." *Int. J. Psycho-Anal.*, 37.

— (1953). "Narcissistic object choice in women." *J. Amer. Psychoanal. Assoc.*, 1.

STEWART, W. (1963). "An inquiry into the concept of working through." *J. Amer. Psychoanal. Assoc.*, 11.

STRACHEY, J. (1964). Editor's Note. *S.E.* 23. pp. 211-215.

WAGNER, P. (1963). "The second analysis." *Int. J. Psycho-Anal.*, 44.

WALDHORN, H. F. (1960). "Assessment of Analyzability: Technical and Theoretical Aspects." *Psychoanal. Quart.*, 29.

WALLERSTEIN, R. (1965). "Goals of psychoanalysis." *J. Amer. Psychoanal. Assoc.*, 13.

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COMMENT ON Dr WALDHORN'S PAPER¹

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Waldhorn has been very successful in his choice of the lessons from the second analysis as a starting point for the study of indications and contraindications for psychoanalytic treatment. Certainly, evaluations can give us a very good key to research in this area, if they are seen from the point of view of second analyses, with the purpose of reconsidering the therapeutic events in the first.

In his previous paper Waldhorn (1960) followed this line, which allowed him to reach a conclusion about the resemblance of the factors involved both in overt and potential difficulties in the treatment of many patients. In my opinion he overstressed the importance of the references to second analysis in the clinical illustrations mentioned in papers on working through, termination of treatment, technique of interpretations, transference and countertransference problems. A more empirical approach would have been better.

In the library files of the Argentine Association there are many unpublished papers (from candidates qualifying for associate membership) with clinical material as well as material from supervisions at the Institute. In spite of the

different requirements in the different Societies, I am sure similar clinical material must be available for research at many of them. Much of this material concerns second analyses, as I realized when Waldhorn drew my attention to this subject, which is not systematically dealt with in analytic literature. For this occasion I have reviewed all the clinical material provided by former and present candidates under supervision with me, and I was able to find a relatively large number of second analyses as well.

I found Waldhorn's approach a little too scattered because of having disregarded this source and having only considered the published literature, which does not go deeply and directly into this subject, but studies the cases from many other angles. As an example of such scattered sources, I will repeat the list of viewpoints Waldhorn mentioned: development of the first analysis, motivations for asking for a second, working through, interpretative techniques, resistance, transference and countertransference. How different is his approach in the introductory remarks to his paper, when he was still free from the influence of this published literature! Towards the end he goes back to a more personal

¹ Read at the 25th International Psychoanalytical Congress, Copenhagen, July 1967.

approach in talking about the three main impressions he obtained as a result of his survey of the literature: lack of changes in the techniques of assessing analysability, lack of clues to be drawn from the constellations of developmental experiences, and lack of technical variation between first and second analyses. His arrival at these carefully worded conclusions, shows the influence not of the other writers, but of the impressions gained from his own experiences as well as from consultations with colleagues.

The two propositions he mentions later follow the same line: the first stresses the analyst's technical and theoretical limitations; the second refers to "a failure or unwillingness to recognize the limitations of analysis as a therapy". There is a third one, only slightly mentioned, "the match or suitability between the patient and the prospective analyst", that is to say, the way patient and analyst communicate and interact. Unfortunately Waldhorn has not dwelt more on this dyadic criterion, which I consider fundamental, and which would easily have arisen from the direct clinical material of second-analysis cases.

Twice in my twelve years of supervising activity have I been concerned with the supervision of the treatment of the same patients by

different candidates at different stages of their training. These two fortunate opportunities taught me how important the match between patient and analyst is to justify the indications or contraindications of the treatment. The asymmetrical relationship involved in the analytic situation, the way patient and analyst interact and are suited, can give us valuable theoretical propositions about the indications and contraindications of the treatment and the prognosis of the evolution of the analytic process.

Thinking of the analytic treatment from the sources of the two participants, I consider how differently the patient can react depending on the way he is focused by the analyst. Facing the facts thus, we have to stress the analyst's performance, for example, if he accompanies the patient's development or if he does not, the contribution of his working through to the patient's benefit, the utilization of counter-transference in the service of the hardest transference problems, and so on.

If we study the analytic dialogue, bearing in mind the present knowledge of human communication provided by anthropology and speech and language behaviour, among other fields, we may obtain strong empirical points of reference to improve on our knowledge of this fascinating subject.

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A FURTHER CONTRIBUTION TO THE STUDY OF GENDER IDENTITY¹

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Introduction

Clinical studies underway for several years to help clarify the concept of gender identity have recently brought forth further data that may add a few clues to a search for sources of masculinity and femininity. Before presenting these new data, however, it may be useful to review the findings and concepts presented earlier.

At the Stockholm Congress in 1963, the concept of gender identity, its sources and its earliest stages, were described (Stoller, 1964). At that time I felt that the earliest stages in the development of gender identity were produced by the parental attitudes toward the infant's sex, the infant's growing awareness of its external genitalia, and a biological force. Regarding the latter, I said then (and still feel) that I did not know what produced this force², that it silently augments the developing gender identity in the normal, can be overwhelmed by post-natal psychological experiences in certain abnormal people, but on the other hand in rare cases may be so strong that even in the face of the child being reared in the wrong sex, it may overpower the effects of such rearing.

To help with the task of trying to understand the sources and development of gender identity, I have been studying people with marked abnormalities of sex and gender. The paper in 1963 summarized data on patients who appeared to have developed their gender identities in a manner very different from that which is almost always the case in humans, wherein gender identity is produced primarily by post-natal psychological experiences. The patients pre-

sented were felt to be examples of a powerful biological force at work which contradicted the effects of rearing. At birth, the patients seemed anatomically normal but nonetheless, from earliest childhood on, acted and felt as if they were members of the opposite sex. At puberty, their developing secondary sex characteristics were those of the sex to which they had always felt themselves to belong rather than the sex unequivocally assigned to them at birth. For example, an apparently anatomically normal infant female, reared as a girl by parents who wanted a girl and who themselves showed no obvious bisexuality, from infancy on insisted on dressing and behaving like a boy and was as masculine as the little boys with whom "she" played exclusively. At 14, when diagnosed as genetically and physiologically normal though genitally a hermaphroditic male, "she" enthusiastically and successfully became a boy.

At the 24th Congress, in 1965, this study of the development of gender identity was extended with the description of a case exemplifying in its extreme form the much more typical situation, in which not biological but psychological forces are the overpoweringly crucial ones in producing gender identity (Stoller, 1966). This paper pointed to the effects a mother had upon her biologically normal infant son, which, reflecting her clear-cut bisexuality and her need to prevent the infant from separating from her body, inexorably produced a little boy who thought he was a little girl. Additional and confirming data on the little boy were presented by Greenson (1966). Three families with such

¹ Read at the 25th International Psychoanalytic Congress, Copenhagen, July 1967.

² Workers in related disciplines have demonstrated aspects of this biological force in other animals. Recent work (e.g. Feder and Whalen, 1965; Levine and Mullins, 1966) has shown that a minute amount of sex hormone given at a single critical moment in foetal life or just after birth can permanently stamp changes upon the CNS that fix the sexual and gender behaviour of an animal for the rest of its life. So far, this has held true of all species of

mammals in which it has been tried, and it is reasonable to expect that the same is true for humans. However, the logic of the evolutionary scale does not prove anything; the proof must come from within the species about which one is speculating. Therefore, for the present we must use the suggestive but by no means conclusive evidence that one can be collected clinically to increase the likelihood that we can understand some of the biological roots of gender identity.

boys have now been seen, each with the same very specific disturbances in the mother, the father, and the little boy.

In time, it became apparent that these little boys expressed their sense of gender identity in the same terms as another group of patients—adult transsexuals, people who have a deep and fixed belief that they are really members of the opposite sex and who therefore seek out sex transformation procedures so that they can alter their bodies to appear as they feel their identities to be. I was most curious to know if the findings in the little boys—the special bisexual personality of the mothers, the excessive body contact that the mothers indulged in with their infant sons, the mothers' great pleasure in promoting their sons' femininity, the fathers' almost complete absence from the family and lack of interference with the feminization of their sons—were present in the histories of adult transsexuals. Those transsexuals with whom I had talked prior to discovering this information on the little boys had not been able to give any clear histories of the first two or three years of their lives, and I had never had the opportunity to talk with their mothers. (There are no reports in the literature describing the mother-infant relationships in adult transsexuals). And so, now having thought of the possibility that childhood transsexuals might be the future adult transsexuals, I awaited the next referral of an adult transsexual in the hope that there might be an opportunity to talk with such a patient's mother.

Case Material

Quite by coincidence, early in 1966 one of the patients used in the paper read before the 1963 Congress to exemplify the effects of the "biological force" returned to Los Angeles. This patient had given a history of *spontaneous* development of secondary sex characteristics starting at puberty, subsequently becoming a very feminine person, though with a normalized penis and testes. An intensive endocrinological work-up had resulted in the diagnosis of testicular feminization syndrome, that is, extreme feminization of the male body (breasts, no body and facial hair, feminine skin and subcutaneous fat distribution) due to oestrogens produced by the testes. This patient had already been living for two years undetected

as a woman although having been considered a male at birth and brought up as a male; thus, the endocrine abnormality plus the feminine gender identity became the indications for the removal of the totally nonerectile penis and the testes, which had been found before surgery to be degenerated and sterile by biopsy. Examined by microscope after their removal, the testes were very abnormal; chemical analysis showed them to have twice the amount of oestrogens found in a normal male. An artificial vagina was produced, and shortly after, the patient married. That was six years ago. From that time to the present, the patient has lived an uncomplicatedly female life. Her marriage broke up after four years because she found her husband too unexciting, and since that time she has lived a very free and glamorous life, a life that has included sexual relations with orgasm³.

Of special interest to us regarding the effect of a biological force in the development of gender identity was her report that back to her first memories at age 2 or 3 she had somehow thought of herself as a girl, despite her knowing and being known by her family, neighbours, schoolmates, and friends to be biologically male. Her interests had all been feminine, as had her fantasies, including those of sexual relations with men.

What I wish to report now are surprising new data which by coincidence link up the first two papers on gender identity read at the previous two Congresses.

During the eight years that I have intermittently been following the patient, she completely consolidated her role as a woman. Especially because of increasing trust she developed in me over the years and, with a last uneasiness resolved when a urologist told her that her vagina looked normal even to an expert, she revealed quite unexpectedly, in the midst of an otherwise rather casual hour, that *she had not become feminized as the result of oestrogens produced in her testes but had rather been taking oestrogens since puberty*. Thus, she could not have been feminized as a result of a "biological force" as I had wrongly reported, nor could the development of her secondary sex characteristics be taken as evidence of a "biological force" that, starting from early childhood on, had so influenced the development of her gender identity that she had felt herself to be really a

³ Orgasm develops from the testicular skin used to create external labia, from the penile skin used as the

lining of the artificial vagina, and from the prostrate⁴ which is "massaged" when she has intercourse.

female⁴. She was, instead, a male transsexual, a biologically normal male who nonetheless feels himself to be a female and who wishes to be transformed into a female. So this, of all people, would be that first patient to whom I was committed to test if the findings in the little boys relating to a possible aetiology of this identity disorder also held in adults.

The histories of these little boys had revealed the following: (i) all their mothers had been so tomboyish as children that they were completely accepted by the boys, dressed regularly in boys' clothes, and competed as equals with boys in sports and other physical activities, though renouncing any wishes to become boys at puberty with its feminizing changes (*example*: "When I was a youngster, I wanted to be a boy. Every morning I woke up hoping that I had changed to a boy. I dressed in boys' clothes. My mother said she didn't think I would grow up and wear a dress. I never played with girls. I was quite a fighter. I ran everything—had my own football team and baseball team. This was a team of boys, not girls.") (ii) In each case, the father of the little boy was a passive man with evidence of some effeminacy in his childhood but with a masculine enough appearance as an adult. These men were nominally the fathers but were physically absent from the families every day of the week so that their little sons scarcely ever saw them (*example*: "My husband isn't home an awful lot. He isn't home for dinner for instance most evenings and on Sundays. He is home very late on Saturdays. Saturdays his office theoretically closes at one, but he very seldom gets home until 3.30 or 4.00, and at that point he doesn't play with the children because he has had a long, tiring day. And he has a hobby. So he usually works at it on Saturday when he gets home. Sunday he spends—well, last year he spent most of it at his hobby, which meant he would leave the house 9 o'clock Sunday morning, and come home for dinner sometimes.") (iii) In each case, the mother and the father permitted the child's effeminacy to develop and either openly encouraged it (*example*: "Wouldn't he be a beautiful girl") or discouraged it with a lot of yelling but with no attempts to stop the behaviour (*example*: "My husband didn't like it at all; he reacts to it by having fits. He didn't do anything about it—he would blame me for it.") (iiii) In each case, and

this has seemed to be the crucial point, the mothers had astonishingly excessive physical contact with their infants since from birth until at least age 5 or 6. This consisted of the mother holding the baby against her body (often nude) for twelve or more hours a day (*example*: "Physical contact is quite important. The first year and one-half of his young life he had to be in the same room with me, even the john. I tell him now (age 5) that as long as he can see me it's the same as holding hands. He seems to agree verbally with that but he quickly reaches for the hands, and if I say my hands are busy—in fact I adopted a shoulder strap handbag because I smoke and if I carry a handbag in one hand and a cigarette in the other, I am running out of hands.") As a result of this excessive body contact between mother and infant, the infant by 8 months to one year is already acting in a feminine manner and showing his desire to be a female. This is quite different from the development of other little boys, who by this age are already beginning the complicated and essential psychological process of separating themselves from their mothers and as a result are able to start the development of a male gender identity.

Let us return to our adult transsexual. Having given up her secret, she was willing for the first time to permit me to talk with her mother, and between them (though independently) they gave information that was much the same as that reported in the cases of the transsexual little boys. (i) This mother had been the most boyish girl in town, had dressed as a boy, had played boys' sports with boys and had acted like a boy until puberty at which time she began to renounce her masculine interests (*example*: "I wanted to be a boy. That may seem very unusual to you but I did. I did everything a boy would do—played football, was the best football player, could beat up any boy in the neighbourhood, climb the highest tree, jump off the bridge into the river. I was the only girl in the neighbourhood that would wear a pair of pants.") (ii) The patient's father was physically absent from the family during the patient's infancy and childhood, first because he worked at night and slept during the day, and second because even those brief contacts which he might have had with the family were destroyed by his having narcolepsy. In other words, he did not serve as a masculine model for his son, the

⁴ This patient's case does not disprove such a theory; by now, six biologically intersexed patients have been seen

who, while they cannot be discussed now, seem to exemplify the presence of such a biological force.

patient (example: "He had narcolepsy. He would fall asleep over his food. He wouldn't take his pills at the proper time. He would take them so he could stay up all night; he worked nights.") (iii) The child was considered to be beautiful and both parents said he would look lovely as a girl; they permitted him to have long tresses and to be dressed and then to dress himself in female garments (example: "We didn't cut her long curls off until she was two years old. We kept her in feminine coveralls. It was so becoming to her when she was small. During Halloween and every chance she would get, she would dress as a girl. Everyone said how beautiful she was as a girl.") (iv) Body contact between mother and infant and resultant pathologically intense symbiosis was present (example: Between the ages of 2 and 8, the patient slept in the same bed with her mother, playing a little game every night in which they would never fall asleep unless the mother first completely surrounded the child in a nest consisting of her thighs, torso, arms, and head, a game which they called "mother hen and her chick").

Discussion

It is apparent that what was found in the mothers and fathers of these overwhelmingly feminized boys also showed up in the data given by an adult transsexual and her mother. In each case, mothers with the same expressions of bisexuality prevented their infant sons from separating from their bodies, and when the first signs of the resulting feminine identification appeared, these were encouraged in every way. In the joyless but unending marriages in which these empty women abandon themselves, their husbands are physically almost completely absent and so not only do not stop the excessive mother-infant symbiosis but are just not there to serve as masculine models for their sons. Since all four of the mothers interviewed in depth (one in analysis for three years so far) gave the same information independently, it seems reasonable to assume that we have some useful leads toward understanding the genesis of this abnormality in gender identity development—unless I have

been the victim of a series of startling and consecutive coincidences.

This is not to say that all males who want sex transformation procedures will have had these above-described experiences in infancy. Males with very different degrees and qualities of femininity request such changes; they do not, if taken all together, make up a homogeneous diagnostic category and would not necessarily have been damaged by the same forces. However, the more feminine, the more committed the patient has been throughout life to living as a female, and the earlier these manifestations of femininity appeared, the more likely, I think, that infancy resembled that described above.

Usually when we are faced with a psychological state, we can explain how it occurred after analysing the person, but we cannot predict in advance who will develop that state and who, with quite similar life experiences, will turn out quite differently. Yet we have here a condition in which it may be possible to make such a precise prediction, to say that given this type of mother, this type father and this much mother-infant body contact, the result will be a male who thinks he is a female. At least, this is a clearly testable hypothesis, of which there are still not too many yet in psychoanalysis.

Conclusions

These findings point to some precise aetiological factors in certain cases of that puzzling and rare abnormality of gender identity, transsexualism. Of help in this has been the study of an adult male transsexual whose mother and father treated their infant just as did the parents of the transsexual boys. One can say, with the patients reported here at least, that a mother with a specific kind of bisexual gender identity, compelled by unconscious wishes to hold her son against her body for many hours a day for several years, has produced a son who tends to think he is female and comfortably takes a girl's role. The boy's father, meanwhile, is almost totally absent from the child's physical and psychological contact and does not stop his son's feminization.

REFERENCES

- FEDER, H. H. and WHALEN, R. E. (1965). "Feminine behaviour in neonatally castrated and estrogen-treated male rats." *Science*, 147.
- GREENSON, R. R. (1966). "A transvestite boy and a hypothesis." *Int. J. Psycho-Anal.*, 47.
- LEVINE, S. and MULLINS, R. F. (1966). "Hormonal influences in brain organization in infant rats." *Science*, 152.

STOLLER, R. J. (1964). "A contribution to the study of gender identity." *Int. J. Psycho-Anal.*, 45.

STOLLER, R. J. (1966). "A mother's contribution to infantile transvestic behaviour." *Int. J. Psycho-Anal.*, 47.

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COMMENT ON Dr STOLLER'S PAPER

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Having followed Stoller's work on gender identity, I wish to state my conviction that Stoller has made a major contribution to our field. Most analysts have never seen a transsexual. When such a patient is discussed with them for the first time, their reaction is invariably the same: namely, that any person who wants his sex organs removed and remodelled into those of the opposite sex must be psychotic.

It is to Stoller's credit that he now brings us the unexpected and dramatic dénouement to the case of this baffling patient whom he had presented at the two previous Congresses. In trying to understand some of the reasons why and how he and his colleagues were deceived by the unabashed brazenness of this man, I came upon one point I shall make the focus of my discussion: namely, what Stoller calls the "biological force".

Stoller states in his paper—as he had in previous ones—that a biological force is one of the factors producing the earliest stages in the development of gender identity. He adds that he does not know what produced this force which he characterizes in the following way: (i) it silently augments the developing gender identity in the normal; (ii) it can be overwhelmed by post-natal psychological experiences in certain abnormal people; and (iii) in rare cases it may be so strong as to overpower the effects of a child being reared in the wrong sex, which means that the biological force can overwhelm the post-natal psychological experiences. Thus, we get a picture in the instances (ii) and (iii) of the biological force and the psychological forces

being pitted against each other with the stronger one deciding the outcome of the battle for gender identity, while in the first instance both forces work in harmony with each other.

I would have no argument with this hypothesis if the abnormal cases were limited to those of hermaphroditism of whatever sort. But I do want to state that I do not agree when Stoller applies his thesis to a patient like the one presented in this present paper where we have no evidence for the existence of such a biological force, and abundant evidence from Stoller's own observations for the presence of potent psychological forces. Aside from hermaphroditic malformations, I believe that for every individual gender identity is the result of post-natal psychological experiences. The psychological forces impinging upon the individual *after birth* are as powerful in moulding his gender identity, as the biological forces (chromosomal, nuclear, etc.) are in determining his sexual identity *before birth*. Contrary to his view, I believe that Stoller's patient does disprove his theory of a biological force, and at the same time the data on this patient represent a giant step in the direction of supporting his clinical observations on the parental influence on the development of the gender identity of the child.

In addition, Stoller's firm belief in a biological force made him less perceptive to the accumulating evidence of his patient taking oestrogen, and interfered with a fully objective assessment of the patient's personality and psychopathology. Stoller and his co-workers, for instance, did not acknowledge that the patient was a transsexual but pointed out that *unlike* transvestites

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and transsexuals, this patient "does not appear to be imitating the female role but seems clearly to have identified with it", lacking the "caricature of hostility" seen in such patients (1960). I believe that as a result of the patient being able to put himself across as a woman, with "his mannerisms, interests and appearance indistinguishable from those of any woman" (1962), the observers overlooked his lying in the very area associated with the patient's cunning device to achieve his desired gender.

The detailed description of this patient as quoted above, as well as additional ones stating "that it was not possible for any of the observers to identify him as anything but a young woman," and that includes those who knew of his anatomic state, all this makes me wonder whether we are not dealing here with a situation similar to cases of pseudocyesis where the illusory pregnancy is maintained with the unwitting assistance of the physician.

This unconscious participation by a number of physicians in the scheme of Stoller's patient—based, as I emphasized, on the hypothesis of a biological force being responsible for the gender identity in this patient—is illustrated by the following incident: two weeks following orchietomy, penectomy, and vaginoplasty the patient, while still in the hospital, developed a variety of

symptoms compatible with the diagnosis of menopausal syndrome—in a man of 20! At this point the authors "seriously entertained the possibility that the patient had been ingesting tablets of oestrogen", but discarded "this hypothesis". One of the reasons for discarding it was that the patient denied it, a denial which his doctors found credible.

I believe biological sciences have reached a degree of knowledge regarding the factors determining the sex of the individual which permits us to eliminate an unknown and/or unknowable biological force. To the scientific observer the biological force is unfolding itself to an ever greater degree. In those instances where the external and internal sexual structures are in harmony with the chromosomal sex—as is unequivocally the case in Stoller's patient—and where no pathological tissues known to produce oestrogen are found, we should turn our full attention to those psychological factors which enter with as great a force into the formation of gender identity as the biological factors enter into the formation of sexual identity.

I do not wish my critical comments in any way to detract from the deep respect I have for Stoller's work. As a matter of fact, I believe these comments will place his psychoanalytic findings in a much sharper focus.

REFERENCES

- STOLLER, R. J. *et al.*, (1960). "Passing and the maintenance of sexual identification in an intersexed patient." *Arch. Gen. Psychiat.*, 2.
 — (1962). "Pubertal feminization in a genetic male with testicular atrophy and normal urinary gonadotropin." *J. Clin. Endocrinology and Metabolism*, 22.

- STOLLER, R. J. (1964). "A contribution to the study of gender identity." *Int. J. Psycho-Anal.*, 45.
 — (1966). "The mother's contribution to infantile transvestite behaviour." *Int. J. Psycho-Anal.*, 47.

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DIS-IDENTIFYING FROM MOTHER: ITS SPECIAL IMPORTANCE FOR THE BOY¹

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The early psychoanalytic literature stressed the special problems the little girl has to overcome in order to achieve a satisfactory sex life and the capacity to love. The female child must work through two important conflictual areas from which the male is spared. She must shift her major erogenous zone from the clitoris to the vagina and must renounce the mother as her primary love object and turn to the father and men (Freud, 1925, 1931, 1933, 1940). The purpose of this presentation is to focus attention on a special vicissitude in the normal psychological development of the boy which occurs in the pre-oedipal years. I am referring to the fact that the male child, in order to attain a healthy sense of maleness, must replace the primary object of his identification, the mother, and must identify instead with the father. I believe it is the difficulties inherent in this additional step of development, from which girls are exempt, which are responsible for certain special problems in the man's gender identity, his sense of belonging to the male sex.

The girl too must dis-identify from mother if she is to develop her own unique identity, but her identification with mother *helps* her establish her femininity. It is my contention that men are far more uncertain about their maleness than women are about their femaleness. I believe women's certainty about their gender identity and men's insecurity about theirs are rooted in early identification with the mother.

I am using the term "dis-identify" in order to sharpen my discussion about the complex and interrelated processes which occur in the child's struggle to free himself from the early symbiotic fusion with mother. It plays a part in the development of his capacity for separation-individuation, to use Mahler's terminology (Mahler, 1963,

1965; Mahler and La Perriere, 1965). The male child's ability to dis-identify will determine the success or failure of his later identification with his father. These two phenomena, dis-identifying from mother and counter-identifying with father, are interdependent and form a complementary series. The personality and behaviour of mother and father also play an important and circular role in the outcome of these developments (Mahler and La Perriere, 1965). The mother may promote or hinder the dis-identifying and the father does the same for counter-identification.

I became alerted to the possibility of some special difficulty in the development of the male's gender identity from a variety of clinical experiences. I have been working for five years in a research project at the University of California at Los Angeles studying transsexuals, people who wish to undergo surgery in order to change their anatomical sex.³ These patients are normal biologically, and are not psychotic; but they are convinced that they belong mentally and emotionally to the opposite sex. (Incidentally, they abhor homosexuality.) On the basis of the prevalence of women's penis envy and men's contempt of women in our society, I had expected that most of the transsexual patients would be women wanting to become men. Instead, the study of a hundred cases over a nine-year period revealed that between two-thirds and three-quarters were men hoping to become women (Stoller, 1964). Similar studies by others indicate an even higher ratio (Pauly, 1965; Benjamin, 1966).

These patients are a very select and small group and perhaps not a reliable indicator of the male's greater discontent with his gender identity. The fact that transvestitism is almost exclusively

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a male disease and more widespread than commonly believed, is a more impressive testimonial for man's dissatisfaction with maleness and his wish to be a female. Furthermore, my own clinical experience with relatively healthy neurotics in psychoanalysis also points in the same direction. It is true that my female patients envy men in a variety of ways, particularly their possession of a penis, as well as their greater social, economic and political advantages. However, I am impressed by the fact that on an earlier, more deeply unconscious level, my male patients harbour an intense envy of the female, particularly the mother. Each sex is envious of the opposite sex; but the male's more covert envy underneath his external façade of contempt, seems to be particularly destructive in regard to his gender identity (Bettelheim, 1954; Greenson, 1966b).

I can illustrate this point by the following material: My men patients frequently reveal a history of putting on some female undergarment in their masturbatory activities as a sign of their fantasy of being a woman. I do not recall any female patient describing anything analogous. This may well be related to the fact that fetishism is also almost 100 per cent a male disease. Even neurotic women who imagine they are enacting male, phallic activities in the sexual act, usually visualize themselves as women with a penis, not as men. (The overt "butch" homosexual is a special problem and beyond the limits of this paper.)

It is my clinical impression that the dread of homosexuality in the neurotic, which is at bottom the fear of losing one's gender identity, is stronger and more persistent in men than in women (Greenson, 1964). Observations of the current social scene also demonstrate that men are far more uncertain about their masculinity than women are of their femininity (Mead, 1949). Women may doubt their attractiveness but they are quite sure of their femaleness. Women feel at their most feminine in the company of the opposite sex, whereas men feel at their most masculine in the presence of men. Furthermore, as women have become sexually more assertive and demand equal orgasms along with their other equal rights, men seem to have become sexually more apathetic and lethargic (Greenson, 1966b).

Let me return to the problem of the male's envy of woman. I believe that envy is one of the main driving forces in man's wish to be a woman and originates in the early envy all

children feel towards the mother. The Kleinians have attempted to explain this on the basis of the infant's envy of the mother's joy—and security—giving the breast (Klein, 1957). Although I do not deny this explanation, it nonetheless neglects other important factors which seem to explain better the *difference* in the envy of men and women.

The general clinical findings sketched above were the starting point for my deliberations about the role of the boy's early identification with the mother and the importance of his ability to dis-identify from her. In my work with a "transsexual-transvestite" 5½-year-old boy, Lance, I had an opportunity to observe the problem of dis-identifying at first hand (Greenson, 1966a).

This lively, intelligent, well oriented boy was highly disturbed in two major interrelated areas of his development. In the first place, he had not made that step in the maturational process which enables one to distinguish loving someone from identifying with someone. As a consequence, he was consumed by the wish to be a female; he acted and dressed as a girl. This was not an obsession or compulsion but an all-consuming wish that approached a conviction, a delusion. If Lance had not been treated, I believe he would have become either a full-fledged trans-sexual or a transvestite, in order to fulfill this conscious wish. (In *homosexuals* this wish is *unconscious*.)

In the presentation of his case at the Amsterdam Congress, I described how Lance dressed up his "Barbie" doll as a princess and went to a ball with her and how he danced her around the ballroom very joyously. When I followed the princess and told her how beautiful she was, how much I wanted to hold her and dance with her, and that I loved her, etc., Lance finally said to me, "Go ahead, you can be the princess." I replied, "I don't want to *be* the princess, I want to dance with her." Lance was baffled. I repeated this several times until the boy permitted me to dance with the princess. He watched this, puzzled and upset. Finally he asked me if I dance with my wife, love my wife, etc. I said "yes, I do." The boy left the session deep in thought.

Shortly after this episode, Lance no longer referred to the Barbie doll as "I" or "we" but only as "she". Soon after that he rarely played with Barbie and when he did there was a sexual element in the play which had not been present before. From this time onward he developed a

strong identification with me and then with his father. For the first time Lance manifested behaviour which indicated he was unmistakably in the phallic oedipal phase.

I believe that Lance's central problem was his inability to complete his separation-individuation from his mother. Lance's mother was extremely possessive and gratified him excessively in terms of tactile and visual contact. In addition, the mother hated and disrespected her husband and men in general. I was an exception. The father was afraid of his wife and a failure in his work. He was absent from the home a great deal and had little if any pleasurable contacts with the boy. In my opinion, although Lance was able to develop a self-representation as distinct from object representation, this failed when it came to establishing a realistic gender identity.

It is precisely in this area that I believe the boy's capacity to dis-identify himself from his mother is of paramount importance. The girl can acquire feminine characteristics by means of her identification with the mother. Her femaleness is practically assured if she is raised by a female mothering person. The boy has a more difficult and far less certain path to pursue. He must dis-identify from mother and identify with a male figure if he is to develop a male gender identity. Greenacre (1958, p. 618) hints at this point when she states that women seem to show more frequent but *less gross disturbances* in this area. Jacobson (1964) also raises the question of why women do not develop more identity problems than men. I believe that both authors are touching on the same issues I am trying to delineate—the boy's special problem of dis-identifying from mother and forming a counter-identification with father.

I would like to pursue this last point in a little more detail, although the limitations of space will only permit an outline of the subject. I believe that we would all agree that in early infancy both girls and boys form a primitive symbiotic-identification with the mothering person on the basis of the fusion of early visual and tactile perception, motor activity, introjection and imitation (Freud, 1914, 1921, 1923, 1925; Fenichel, 1945; Jacobson, 1964). This results in the formation of a symbiotic relationship to the mother (Mahler, 1963). The next step in the development of ego functions and object relations is the differentiation of self-representation from object representations. Mahler (1957), Greenacre (1958), Jacobson (1964), and others have elucidated how different forms of identification

play a central role in this transition as maturation makes it possible to progress from total incorporation to selective identifications. The capacity to differentiate between similarities and contrasts eventuates in the capacity to discriminate between inside and outside and ultimately the self and the non-self. In this process, the child learns he is a distinct entity, different from mother, dog, table, etc. However, he also gradually learns by identification to behave and perform certain activities like the mothering person, such as speaking, walking, eating with a spoon, etc. These activities are not duplications, but are modified in accordance with the child's constitution and his mental and physical endowment. The style of his behaviour and activities are further changed by his later identifications with others in the environment. What we call identity seems to be the result of the synthesis and integration of different isolated self-representations (Jacobson, 1964; Spiegel, 1959).

I would now like to focus on one aspect of these developments—the development of the gender identity. The formation of one's gender identity is still relatively nebulous. In a previous presentation (Greenson, 1964), I suggested three factors which play a role in this process: (a) awareness of the anatomical and physiological structures in oneself, according to Greenacre (1958), primarily the face and the genitals; (b) the assignment to a specific gender, done by the parents and other important social figures, in accordance with the overt sexual structures; (c) a biological force which seems to be present at birth. To verify these points, I can state that in our Gender Identity Clinic, I have seen boys who behaved completely boyishly despite the fact that they were born without a penis and no visible testes. They were treated like boys by their parents and this seemed to be decisive. We have seen many pseudo-hermaphrodites in this clinic who live their life in a biologically false gender role without any manifest doubts about their identity. Yet we also know that in some children there seems to be a biological force which is strong enough to counteract their overt anatomy and the parent's assignment of sex (Stoller, 1964). This is rare and does not represent a typical outcome. Clinically, all three factors interact to establish one's sense of gender.

I believe that a fourth factor must be added, in the boy, to those already mentioned. I am referring to the dis-identifying from mother and his developing a new identification with the father. This is a special problem because the boy

must attempt to renounce the pleasure and security-giving closeness that identification with the mothering person affords, and he must form an identification with the less accessible father. The outcome will be determined by several elements. The mother must be willing to allow the boy to identify with the father figure. She can facilitate this by genuinely enjoying and admiring the boy's boyish features and skills and must look forward to his further development along this line (A. Freud, 1965).

The other vital component in this switch of identification in the boy consists of the motives the father offers for identifying with him. Lance (Greenson, 1966a) did not identify with his father because his father was a frightened, joyless man. There was little motive for identifying with him. The essential therapeutic part of his work with me was his eagerness to identify with me because I seemed to him to enjoy life and to be unafraid. Later on, when his father improved from his own psychotherapy, Lance did identify with the father. I should add that part of the motivation to identify with the father stems from the mother's love and respect for the father. Identification based on other grounds seem to be less reliable (A. Freud, 1965).

The questions which now arise are the follow-

ing: What happens to the original identification with mother, after the boy has identified with father? Does the identification with mother disappear, its place taken by the new identification? Does it remain but become latent because it is superceded in importance by the identification with father? How much of the boy's identification with the father is a counter-identification, actually a "contra"-identification, a means of counteracting the earlier identification? Is it not in this area where we can find an answer to why so many men are uncertain about their maleness? Perhaps it is the shaky basis of their identification with the father, their contra-identification, which makes them so reactively contemptuous of women and so envious, unconsciously. Perhaps the mothers of fifty years ago who dressed and combed their boys as girls intuitively recognized that one had to gratify each phase of the child's development in order to ensure his future maturation. By satisfying the boy's early need to identify with mother, he was better able to make the later step of identifying with father.

I realize I have raised more questions than I have answered, but I hope future work and discussion will bring greater clarification to this important area.

REFERENCES

- BENJAMIN, H. (1966). *The Transsexual Phenomenon*. (New York: Julian Press.)
- BETTELHEIM, B. (1954). *Symbolic Wounds*. (Illinois: The Free Press.)
- FENICHEL, O. (1945). *The Psychoanalytic Theory of Neurosis*. (New York: Norton.)
- FREUD, A. (1965). *Normality and Pathology in Childhood*. (New York: Int. Univ. Press.)
- FREUD, S. (1914). "On narcissism: an introduction." *S.E.*, 14.
- (1921). *Group Psychology and the Analysis of the Ego*. *S.E.*, 18.
- (1923). *The Ego and the Id*. *S.E.*, 19, 3
- (1925). "Negation." *S.E.*, 19.
- (1931). "Female sexuality." *S.E.*, 23.
- (1933). *New Introductory Lectures on Psycho-Analysis*. *S.E.*, 22.
- (1940). *An Outline of Psycho-Analysis*. *S.E.*, 23.
- GREENACRE, P. (1958). "Early physical determinants in the development of the sense of identity." *J. Amer. Psychoanal. Assoc.*, 6.
- GREENSON, R. (1964). "On homosexuality and gender identity." *Int. J. Psycho-Anal.*, 45.
- (1966a). "A transvestite boy and a hypothesis." *Int. J. Psycho-Anal.*, 47.
- (1966b). "The enigma of modern woman." *Bull. Philadelphia Assoc. Psychoanal.*, 16.
- JACOBSON, E. (1964). *The Self and the Object World*. (New York: Int. Univ. Press.)
- KLEIN, M. (1957). *Envy and Gratitude*. (London: Tavistock.)
- MAHLER, M. (1957). "On two crucial phases of integration concerning problems of identity: separation-individuation and bisexual identity." Abstracted in Panel on Problems of Identity, reported by Rubinfine. *J. Amer. Psychoanal. Assoc.*, 6.
- (1963). "Thoughts about development and individuation." *Psychoanal. Study Child*, 18.
- (1965). "On the significance of the normal separation-individuation phase." In: *Drives, Affects, Behavior*, Vol. 2, ed. Schur. (New York: Int. Univ. Press.)
- MAHLER, M., and LA PERRIERE, K. (1965). "Mother-child interaction during separation-individuation." *Psychoanal. Quart.*, 24.
- MEAD, M. (1949). *Male and Female*. (New York: Morrow.)
- PAULY, I. (1965). "Male psychosexual inversion: transsexualism." *Arch. Gen. Psychiat.*, 13.
- SPIEGEL, L. (1959). "The self, the sense of self, and perception." *Psychoanal. Study Child*, 14.
- STOLLER, R. (1964a). "A contribution to the

study of gender identity." *Int. J. Psycho-Anal.*, **45**.

—— (1964b). "Female (vs. male) transvestism."

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Note: A paper by W. R. Adams (Cleveland), read at the Congress, entitled "Vaginal Awareness and the Sense of Identity" is not available for publication—EDITOR.

LAP AND FINGER PLAY IN INFANCY, IMPLICATIONS FOR EGO DEVELOPMENT¹

JUSTIN D. CALL, LOS ANGELES

In this paper some of the non-consummatory aspects of feeding and post-feeding behaviour in the infant and mother will first be described and illustrated. Lap and finger play which emerges in the interaction between mother and infant will serve a specific focus for this description. The implications of this aspect of early experience for the development of the apparatuses of primary autonomy of the ego described by Hartmann (1939) and Rapaport (1960) and for the development of synthetic processes in the ego will be discussed.

Utilizing motion picture film it has been possible to demonstrate significant differences in the patterns of interaction of sixty mother-infant pairs during the feeding process from birth through the early months. Factors easily discernible in this analysis include the following:²

- how the mother deals with the sleepy, alert, or crying infant;
- ease of pick-up, including head and back support;
- location of head support, from mother's wrist to her arm above the elbow;
- amount and location of actual bodily contact for mother and infant;
- whether or not nipple attachment is achieved utilizing or opposing infant's rooting responses and head movements.
- whether or not attachment and sucking is facilitated by the adaptive positioning of the breast or bottle-nipple in the infant's mouth.
- how the mother deals with distracting influences in the environment such as siblings, pets, and the investigators;
- whether or not the mother looks at the infant while feeding him;

how the mother accommodates to the infant's hand-mouth relations becomes a crucial item in the interaction of mother and infant;

(Many of the earliest finger games grow out of this interaction, and many of the earliest games are oral in nature, consisting of sounds, movements and functions of the mouth.)

how the mother uses her fingers in holding the bottle and in manipulating herself and the infant. (We have designated as the "finger-tip contact syndrome" the use of fingertips, light touch, light grasp, extended spread digits, avoidance of body products, or stiffening of the hand when body products, articles of clothing, skin, bottle, or nipple are contacted. This serves as a distancing manoeuvre for the mother.)

Games in Infancy

The main distinction between play and games lies in the fact that games proceed according to rules. This imposes a sequence of interrelated events, and also presupposes an end-point which gives games the quality of being more decisive than play. However, when humans play games the rules grow and change. Thus, new games are constantly being *invented*. This is nowhere more true than it is during infancy. The games are repeated when the context is familiar and the mood is right. Some repetitive sequences of interaction between mother and infant have the meaning of a game for the mother but not for the infant.

The game as an invention was clearly shown by a 13-month old infant after lunch one day. His mother had given him some juice in a cup. When the meal was finished, she playfully put the cup

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² These were seen in a film shown at the Congress.

over her infant's foot while it was swinging slightly. Following the first such exchange experienced, the baby repeated the experience himself by placing the cup on his own foot. He and his mother had *invented* a new game. I believe it was Einstein who said, "Science is constantly invented while Scientists are playing at it."

When do Games Happen in Infancy?

An infant flooded with rising physiological tensions or powerful psychological wishes is not ready to play games. He responds only to an object which will reduce his discomfort. To play he must be capable of attention and discrimination and must have control over that part of the motor apparatus involved in the play.

The word "pastime" tells us when games can best be played, since most games in infancy are played *after* the feeding. This happens to coincide with an interesting, recently discovered fact in infant behaviour, namely, that infants usually do not fall asleep immediately after feeding. They may become drowsy at the end of feeding, usually wake up for one to two and sometimes for ten minutes before finally going to sleep after that. This was shown by Wolff and White (1965) and by some work of my own (Call 1965, 1967). This awake period following feeding, when the infant is quiet and alert, is a time when his attentiveness to the external world is especially sharp. Some mothers are attuned to the possibility of play and socialization at this time and some are not. In some infants the capacity to remain attentive following feeding is not always developed at the same time.

The Lap

As the films show, most of the games occur on the mother's lap. The lap is a place of support and comfort. It is formed by the mother's body, arms, and hands. From the infant's viewpoint, the mother's body is something warm, stable, and dependably there; her arms provide head-support, allow for, and adapt to, the infant's spontaneous movements, and her hands provide objects and relations with objects which meet the infant's needs and wishes. The lap and its components provide an opportunity for the creation of an illusion (Winnicott, 1953). Winnicott (1963) has compared the analytic situation with the holding mother concerned with the care of her infant. How the holding, analytic or maternal, takes place is crucial for the development of the individual. Analytic

material is rich in many illustrations of how the meaning of the lap shows up in the transference. Many cultural variations are present in the holding process (Wachsman, 1966) but these are beyond the scope of this condensed presentation.

Discussion

The capacity for social play in infancy is developed only in the presence of a reciprocating party (Call and Marshack, 1966). These play experiences, while discriminating for sensory quality, are probably not discriminating for object. Impressions (ideas and feelings) about the self are influenced from the beginning by the mother's contribution to play in infancy and the capacity to play is crucially dependent on being played with.

In the infant's play there is obvious utilization of congenital ego equipment. There is a testing of this equipment, there is the exploration of environmental responses, a survey of environmental responses, and under special conditions a selection of certain reciprocal experiences which become institutionalized as a game. All this subtle, but important interaction provides stimulus nutriment for the further development of the apparatuses of primary autonomy of the ego described by Hartmann.

Orienting Behaviour and Anchorage Systems in the Mother-Infant Unit

I should like to mention four specific behavioural systems which serve both to orient and anchor the infant and mother to each other during the earliest weeks of life.

Holding

The holding process constitutes the first and perhaps the primary anchorage system through which the infant and mother experience a sense of security with each other. The softness, warmth, and movement of the mother's body play a significant role in establishing the infant's orientation and anchorage to the mother through close holding. Lack of support, lack of visual attentiveness, and dependent holding position of the infant are seen when the mother is depressed. Holding provides a major co-enesthetic mode of object orientation and anchorage and is the means by which the mother becomes the major source of security for the infant. The mother's capacity to provide adequate support, contact and warmth with her own body and extremities while at the same time allowing the infant some opportunities for

initiating reciprocal head and body movement with her is a real test of the mother's capacity to identify with the infant's relatively helpless state, while at the same time recognizing the possibility of the infant's becoming independent from her.

Rooting Behaviour

This consists of head-orienting movements (to the side, forward, backward, flexed and extended) and movements of lips, tongue and mouth. As we have seen in the film, deficiencies in the utilization of this system lead to difficulties with attachment and failure of the mother to correspond her nipple insertions to the infant's rooting and head movements. A struggle between mother and infant may ensue (Gunther, 1961). A successful, smoothly executed attachment seems to be experienced by both the mother and the infant in a very positive way.

The Hand-Mouth System

This system, like rooting, is built primarily upon neurophysiological functioning. The hand-mouth reflex (Babkin, 1956), intrauterine hand-sucking (Murphy and Langly, 1963) and the increased frequency of hand-face contacts with increased physiological arousal in the newborn (Call, 1967) attest to the primary nature of this behaviour. The infant's hand comes to the mouth area when the snout area is stimulated. As early learning occurs, the hand comes to the mouth area when the feeding position is assumed and prior to snout contact (Call, 1964).³

Vision

The visual system, while operative at birth, does not seem to become available for orienting and anchorage until the third or fourth day of life. Review of many films of both breast and bottle-fed infants shows that when an attentive infant of three or four days of age or older is placed in the feeding position, he looks up above the breast or bottle and into the mother's face and eyes if they are available in the visual field. This visual behaviour occupies only a few seconds in the early part of the feeding, but it rapidly increases during the first ten days. As noted previously, visual attentiveness plays a rapidly

increasing role in object orientation at the end of feeding.

While each of these systems could function to both orient and anchor the infant to the mother in a particular way, the play and games of infancy usually involve all of these systems in consistent sequences, and thus serve to integrate them, one with another, so that the resultant anchorage to an object is determined by many interrelated sensory motor functions.

We can see that in the earliest phases of development the infant may experience the outer world, particularly the process of mothering, either in relation to his instinctual drives, in which case his mental functioning becomes drive-organized, or in relation to his requirements for stimulus nutriment and anchorage, relatively free from drive orientation. The object may at one moment gain mental representation as a drive object and at another as a source of stimulus nutriment, depending upon the internal state of the infant and his prior experience with the mother.

The integration of these various elements of experience with an object provide the basis for synthetic processes in mental functioning. Without this kind of consistent richness of sensory motor experience, and the opportunity to crystalize this complex experience in the pleasure of play, it is doubtful that synthetic processes in the ego could develop in an unimpaired fashion. The element of mutually enjoyable, playful interaction is missing in the relation of autistic children to their parents. It is known that infants with sensory defect (i.e., blind and deaf) must have enriched and varied sensory input if their object orientation is to remain intact (Fraiberg and Friedman, 1964). Such considerations may help us determine when a given interaction between mother and infant is likely to foster the infant's healthy psychological development and when they are likely to restrict the infant's psychological development. The factors responsible for oral fixation may be as much related to the lack of extra oral experience in early object-relationships as they are to either frustrations or over-indulgence of oral drives. Also, is it not possible that the capacity for drive-inhibited object relations may be

³ Both rooting and hand-mouth systems are powerful, well-defined, active behavioural systems in the newborn infant to which the mother must make some response as she attempts to introduce the bottle or breast. It is possible for her to, (i) overpower the infant, (ii) slip the nipple into the infant's mouth quickly during an inactive phase of his activities, or, (iii) to utilize the infant's

rooting as an aid to nipple attachment and provide her own fingers for reciprocal finger play with the infant as a means of engaging his intervening hand. Which of these three she chooses will reveal her conscious and unconscious attitude toward the infant's oral strivings and capacities for becoming an active and relatively independent human being.

related to the characteristics of these non-drive aspects of the infant's relationship to the mother?

These studies are being pursued by attempting to define what functional units become available at a particular time; how these functional units are related to each other; what individual variations are seen; and what factors account for progressive and regressive steps in the developmental process.

SUMMARY

In this paper an attempt has been made to make some common sense knowledge of good enough mothering more explicit and to spell out in somewhat laborious detail how specific aspects of the infant's relationship with the mother are influenced by changes in his own internal state and by the non-nutritive aspects of

the mother's interaction with him, particularly the playful aspects of that interaction. Four specific orientation and anchorage systems have been defined—holding, rooting and head orienting activities, hand-mouth functions, and the visual system. These behavioural systems are comprised of interdependent components from both mother and infant. Various aspects of this interaction have been subjected to interpretation and this has led to a consideration of some developmental aspects of the apparatuses of primary autonomy, synthetic functions of the ego, fixation, and the capacity for aim-inhibited object relations. Although some longitudinal case studies are cited, no attempt has been made to delineate a particular time at which the particular functions develop. More systematic observational data, both cross-sectional and longitudinal, is called for.

REFERENCES

- BABKIN, P. S. (1956). "The establishment of reflex activity in early postnatal life." *Central Nervous System and Behaviour*. Translated from Russian. (New York: Josiah Macy Jr. Fdn.)
- CALL, J. D. (1964). "Newborn approach behaviour and early ego development." *Int. J. Psycho-Anal.*, 45.
- (1965). "Contributions of longitudinal studies to psychoanalytic theory," reported by Schafer. *J. Amer. Psychoanal. Assoc.*, 13.
- (1965). "Sobre el desarrollo psíquico del recién nacido." *Cuadernos de Psicoanal.*, 1.
- CALL, J. D., and MARSCHAK, M. (1966). "Styles and games in infancy." *J. Child Psychiat.*, 5.
- CALL, J. D. *et al.*, (1967). "Sex differences in behaviour of infants during the first four days of life." Presented at the AAAS December meeting, New York.
- FRAIBERG, SELMA and FRIEDMAN, DAVID, A. (1964). "Studies in the ego development of the congenitally blind child." *Psychoanal. Study Child*, 19.
- GUNTHER, M. (1961). "Infant behaviour at the breast" in *Determinants of Infant Behaviour*, ed. Foss. (London: Methuen; New York: Wiley).
- HARTMANN, H. (1939). *Ego Psychology and the Problem of Adaptation*, (New York: Int. Univ. Press; London: Imago, 1958).
- MURPHY, W. F. and LANGLEY, A. L. "Common bullous lesions—presumably self inflicted—occurring in utero in the newborn infant." *Pediatrics*, Dec., 1963.
- RAPAPORT, D. (1960). *The Structure of Psychoanalytic Theory*. (New York: Int. Univ. Press).
- WACHSMAN, F. (1966). "Implications from the content of music in Africa." In: *The Mind of Man in Africa*, ed. Margetts. (Oxford: Pergamon).
- WINNICOTT, D. W. (1953). "Transitional objects and phenomena." *Int. J. Psycho-Anal.*, 34.
- (1963). "Dependence in infant-care, in child care and in the psycho-analytic setting." *Int. J. Psycho-Anal.*, 44.
- WOLFF, P. H. and WHITE, B. L. (1965). "Visual pursuit and attention in young infants." *J. Child Psychiat.*, 4.

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Note: The comment on Dr Call's paper by the late Dr Willi Hoffer is not available for publication—EDITOR.

THE FATAL GIFTS OF MEDEA¹

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Basic aspects of the relationship between parent and child are reflected in gift giving. We have examined some of the repetitive phenomena surrounding gifts, especially those between parents and children, in our patients. In doing so, we have been struck by the appearance in many patients of revivals of the primal experiences and relationships contained in the myth of Medea and in Euripides' dramatic version of it.² We have focussed primarily in this communication on a certain kind of "poisonous" gift exemplified by the fatal gifts of Medea, and, secondarily, on some aspects of object relationships on various levels of libidinal and ego development as they are expressed by a much wider variety of gifts.

Euripides' *Medea* is perhaps the first psychological study of a witch. As such, her magical ability to endow those she loves with a portion of her omnipotence, and her parallel power to destroy those who thwart her desires, have been demonstrated repeatedly, long before she invokes the aid of her mentor, the evil goddess Hecate, to destroy Jason and his new alliances.

When Jason and the Argonauts come to Colchis to steal the golden fleece, Medea, the barbarian daughter of King Aetes of Colchis, falls in love with him under the spell of Aphrodite. She gives Jason her first gift, a wonderful ointment that makes him and his armour proof against weapons and fire for a day. He is thus able to fulfill Aetes' command to sow the dragon's teeth with a team of fire-breathing bronze bulls. She next helps him to steal the magic gift of the fleece. She flees with Jason in the Argo; when her father pursues them, she kills and dismembers her young brother Apsyrtus (Rose, 1959). Thus, before the play, she is established as a murderess capable of killing and mutilating her own flesh and blood.

Jason marries Medea, swearing "by all the Gods of Olympus to keep faith with Medea

forever" (Graves, 1957), making his later actions those of a perjurer. On the Argonauts' perilous journey back to Greece, Medea performs further magical deeds for Jason—healing wounds, killing the monster Talos after sending him "into something like a hypnotic trance" (Graves), tricking Pelias's daughters into butchering their father and boiling him in a cauldron with the false promise that she would thereby restore his youth. It is after this crime that she and Jason have to flee to Corinth where Euripides' play begins.

Medea first appears in the play as the victim of a traumatic separation. Jason has left her and wants to marry Glauce, the daughter of Creon, the king of Corinth. Medea is enraged and depressed; she has refused to eat and has shut herself up in her house. An old servant expresses fear that the violent woman will harm her own two sons by Jason. Medea appears and confirms the danger: "O ye accursed children of an hated mother, may ye perish with your father and my whole house fall." She bewails the lot of women as compared to men, saying, "I would rather stand thrice in arms, than once suffer the pangs of childbirth." Creon enters ("I fear thee . . . lest thou do my child some irremediable mischief . . ."), determined to banish her at once. She pleads successfully for one more day to arrange her affairs. Determined on revenge, she invokes Hecate and sends to Glauce, by the hands of her sons, the gifts of a robe and a golden chaplet. Even though she is fully aware of Medea's treacherous nature and murderous threats, Glauce is unable to resist the enchantment of the gifts, and puts them on as Medea has predicted she would. ("Gifts, they say, persuade even the Gods.")

A messenger describes the scene to Medea in details that stir the senses after almost twenty-five-hundred years: "...and before the sons and their father were gone far from the house,

mother to hate and restrain her maturing daughter as a potential rival, with the waning of the mother's attractiveness, the Medea complex. See also Stern (1948).

¹ Read at the 25th International Psychoanalytical Congress, Copenhagen, July 1967.

² Medea has been discussed before in psychoanalytic literature. Wittels (1933) has called the tendency of the

she took and put on the variegated robe, and having placed the golden chaplet around her tresses, she arranged her hair in her radiant mirror... (then) there was a sight of horror... the white foam bursting from her mouth... and the blood no longer in the flesh... the golden chaplet was sending forth a stream of all-devouring fire wonderful to behold, but the fine wrought robes, the gifts... were devouring the flesh of the hapless woman. When the despairing Creon tries to hold her, he too is "held... by the fine wrought robes... and if he drew himself away by force, he tore the aged flesh from his bones." Father and daughter are fused in death.

Medea is still determined to kill her sons, "my dearest children." She cannot bear that Jason should keep them, or that they could have a life apart from her. She rationalizes that if she does not kill them, another "more hostile hand" will. After slaying her children, she is rescued by a chariot drawn by dragons, sent by her ancestor, the Sun; the chariot takes her to her prearranged haven with Aegeus, the king of Athens, to whom she had promised the gift of children. Her rescue by the Sun and her final reign in the Elysian Fields, possibly as the wife of Achilles, signify the triumph of the maternal figure. The murders go unpunished; the witch retains her magic.

The compelling effect of the play is largely dependent on the hypnotic fascination of Medea's character (Kitto, 1957). Everyone—Jason, Creon, Glauce, the Chorus, even the audience—refuses to believe the evidence of her capability for violence and evil. However, from the very beginning, she straightforwardly warns everyone of her intentions. The need to forgive her, to deny her nature, is so strong that even the gods forgive her at the end. The source of this power to seduce, to ensnare her victims, seems to centre in her magic gifts. She promises to return narcissistic omnipotence to the frail mortals who have had to renounce this magic in the struggle for separation and identity.

Her good magical gifts counteract exactly her bad magical gifts; she can use the same power to save or to destroy. The first gift to Jason provides him with a magic skin that protects him against fire. The presents to Glauce burn into the flesh of those who touch them. The golden

fleece endowed its first recipient, Phrixos, with the magic power to escape, to get away. The robe and chaplet magically prevent escape, symbolizing the failure of the infantile separation from the mother. The sowing of the dragon's teeth which Jason can perform with her magic help is a symbolic representation of impregnation, an act of fusion; its counterpart is her destruction of their children when Jason threatens to leave her. At the beginning of the play her bitter remarks about giving birth announce the theme: She would prefer to kill rather than endure the first separation of child from mother; childbirth, the curse of the female, is seen as a castration.

All the transformations from good to bad magic occur when the recipient threatens to abandon her. The focus of the play is Jason's breaking his vow never to separate from her—he who receives the good magic of the golden fleece to flee with the omnipotent mother gives up the right to walk away without her. The children are killed lest they grow up away from her. She gave them the gift of life; therefore they are bound to her forever.⁸ Through Medea's gifts, Creon and Glauce, father and daughter, are also fused in death. The object relationship between parent and child is made to regress through a cannibalistic refusal, expressed in the play by the figures of Glauce and Creon literally eating into each other.

This fate has its clinical parallels in the psychic interplay between parent and child in latter-day revivals of Medea and her victims. Fantasies about fatal gifts emerge in patients who have not sufficiently given up the symbiotic position with a parent who, frequently with the great power and activity of Medea, has always required the bond of mutual narcissism. Both child and parent assume that the parent has the right to life and death power over the child. The parent is seen as magically good and giving, and the parent's gift is equated with the body part felt by the child to be needed to complete a body image of narcissistic perfection, with which the timeless oral bliss of the first libidinal stage can be reattained. This might be called the "gift of narcissistic promise" and its prototype is obviously the mother's breast, which can alternatively give milk or poison. An excellent example is that model of mirror-gazing narcissism, Snow White, who is offered and accepts

⁸ A patient felt like "tearing himself to pieces" in guilty rage and in the service of the mother's unconscious wishes, when on every birthday his mother would describe, pang by pang, the agonies of birth suffered "for

you." A second patient reported the same thing and had created the wishful fantasy that he was one of a pair of twins—to share the guilt, to offer mother the gift of a victim in his place.

the perfect-appearing, sleep-inducing poisoned apple from the witch.

When there is an attempt to get away (mobility), to establish non-incestuous or aim-inhibited object relations, to develop sublimated activities and interests, to use reality testing to examine the family matrix of shared delusions, the child may be exposed to murderous rage and seduction, experiencing great quantities of unbound aggressive and sexual energies (Shengold, 1963). These aims all emerge in the course of an analysis as well as in the course of a child's development. Under the impact of the parent's traumatic attack, it becomes necessary to regress to the first oral stage, and to receive the same fatal gifts as peace offerings. The magical good parent image is reincorporated in order to escape from the traumatic anxiety of the second oral stage. The image of the good witch-mother who relieves all tensions and brings sleep is revived. These gifts are accepted in an atmosphere of hypnotic surrender; identity is compromised since the ego's judgment of, and the super ego's criticism of the parent are abandoned. The pull toward acceptance of the "fatal gift" comes therefore from two sources: first, memories of the magic narcissistic fulfilments of the past which the giver repeatedly recalls to the "child," and which the gifts themselves evoke; and, second, the need to escape from anxiety of traumatic intensity provoked by the spiralling release of sado-masochistic energies in both parent and child in the aftermath of attempts at separation. The double promise of the gift to bring "good magic" and to dissipate "bad magic" is made more believable because the Medea-like parental figure has shown stunning reversals of affects in the past, as the play shows so well.

Clinical Examples

Case A: A woman in her early thirties, overstimulated and seduced by her mother as a child, was attempting to cast off her symbiotic bond in her analysis. The mother had always tied the girl to her by continuous, often unsolicited, maternal attentions and gifts. These gifts were lavish and thoughtful; the patient craved them, yet invariably became furious with her mother and with herself after accepting them. The mother had made the daughter the centre of her life, and the girl, who had superficially rebelled and moved out of her parental home, always felt compelled to be fed and clothed, unconsciously repeating the sexual

contacts of the past. The mother had always chosen the daughter's important clothes.

After some years in analysis had decreased her dependence on her mother, the patient had for the first time chosen and paid for her own winter coat. She proudly showed it to her mother, who was upset and said nothing. A few days later, the daughter received a package sent from a department store, without any card, containing another much more expensive winter coat. She became furious, with difficulty fought down the impulse to telephone her mother and scream at her. With the help of insight gained from the analysis she knew that this contact was what her mother wanted. She would have ended by feeling guilty, being fondled and forgiven by her mother, and beside herself with rage. In spite of this insight, the feeling of being undone was there as she looked at her mother's gift. And what is more, she felt strongly tempted to keep the coat. All her characterological dishonesty (in identification with her mother) appeared: "It's lovely; I know what I'm doing, so how can it matter; I'll keep it just this once, etc." Like Glauce, she had an almost overwhelming temptation "just" to try it on, but she reported, "I knew that if I had, I would have *had to keep it*." Analysis made it possible for her to refuse the gift.

Case B: A 27-year-old woman had suffered from megacolon since early childhood. Until she was 17, she had bowel movements only with the help of laxatives and enemas administered by her mother. There was considerable evidence that giving these enemas, often with twice the amount and frequency prescribed by the doctor, satisfied the mother's anal-sadistic and phallic drives. As an adult the patient gave enemas to herself and after these episodes, she had fantasies that her mother had invaded her body and mind and forced her to be a bad mother to her own children, to make them sick, to neglect them, to beat them. She had entered treatment following a suicide attempt by taking drugs. She had been tormented by fears that she was destroying her children. The suicide attempt meant killing the "bad" introjected mother and saving the children, but also carried out her mother's murderous wishes against her for giving birth to them. The children would probably have been given to the patient's mother after her death. In treatment she learned of the disintegrating effect of her enemas, and yet she showed terror when it was suggested that she stop them. The enemas represented gratifications, but more important,

a life-line to her mother who otherwise would curse and abandon her. Only after her fears of the terrible magic power of the analyst were worked through sufficiently was she able to continue the therapeutic work, come regularly and on time, talk freely. The analyst's gifts, unlike the mother's, were gradually acceptable as not destructive.

On the day before her suicide attempt she had dreamed: "It was Christmas or my birthday. A time to give presents. Mother gave me an enema bag. I felt sick revulsion against her." The enema bag, which exploded the bowels from below, was equated with the poison she intended to swallow that would explode her bowels from above. Oral and anal implications of the gift are obvious. Associations concerned separation from the mother by having been born (extruded like faeces) and by having given birth herself. The poisoned gift, the enema, was directly equated with the poisoned medicine she later swallowed. Accepting the gift mean reinstating the old sadomasochistic tie to her mother, bringing death as self-punishment for daring to rival her mother, and for assuming her own identity as a wife and mother. Murder by the mother could be warded off by choosing her own poison, by becoming Medea, and killing herself. She saw this surrender of herself as the only way to end the unbearable rage which threatened ego annihilation.

Discussion

This paper has dealt with the poisoned fatal gifts of Medea—gifts that aim at the traumatic overwhelming of the emergent self and lead to the urgent need for regressive return to a blissful narcissistic state. However, gifts can express any level of relationship between two people—any level of the basic parent-child relationship from symbiotic fusion to full individuation and mature object love: narcissism, unity with the mother, need-fulfilment, object constancy, ambivalence, oral, anal, phallic and oedipal stages (A. Freud, 1965). We have dealt scantily with gifts as carriers of specific libidinal and aggressive wishes beyond the oral stages. It is obvious in our clinical material that a gift can, as a vehicle of object relationships, represent breast, seen as loving or destructive, faeces, or phallus, or baby. Gifts, then, also express true object love. They can have the beneficent function of intermediate objects which make separation from the parent possible

on those occasions in life which mobilize the need for refusion. The great milestones of separation that result in new self-representations—the prototype is birth—all involve gift-giving: birthdays, weddings, graduations, confirmations. Death as a final irrevocable object loss is minimized and denied by rites and customs which involve gifts. Gifts and bequests make possible a holding on to symbolic representations during the time that loss is being mastered. Analogously, the first gifts to babies become the intermediate objects through which temporary separation from the parent is made bearable.

Where the capacity for object love exists, a gift completes, or adds to the wholeness of, the identity of the recipient. Gift-giving of this kind involves relatively neutralized energy. The giver is not primarily satisfying his own drives, erotic or aggressive, through the gift, but those of the object. The gift is chosen by way of a temporary partial identification with the recipient; in large part preconscious processes are involved, and both partners retain or enhance their self-esteem and separate identities. A true gift should involve a renunciation of claims for permanent fusion with the object. The gift signifies the reversal of fusion without injury to either giver or recipient.

Gifts are the concrete manifestation of wish-fulfillments shared, sometimes unequally and with differing content, by giver and recipient; the analysis of gifts can therefore provide insights into hidden aspects of patients' relationships. Since occasions for gift exchanges usually imply an apparent mutual agreement that aggression is being controlled, there is enhanced possibility for unconscious instinctual breakthrough, as with joke-telling. Analysis of "gift" situations can be valuable diagnostically, can alert one to levels of libido and ego fixation and regression, and give clues to qualities of object relationships. One should be alert to the value of careful application of the abstinence agreement in analysis, in relation, especially, to receiving gifts in those cases where there is a Medea-like parent. A gift evoking narcissistic promise or a poisoned gift can undo analytic work by causing ego and libidinal regression; to receive such a gift involves the gratification of pregenital wishes which hamper the development of, and analysis of, the transference, in much the same way as acting out in the transference would do. By not giving in to the claims for fusion, not responding to the need for narcissistic promise, not destructively pursuing the patient for his resistances and

his wishes to get away, standing for his individuation rather than his submission, the analyst can

help the patient renounce the Medea-like parent and her fatal gifts.

REFERENCES

EURIPIDES *Medea*. Trans. A. Buckley. (London: Pohn, 1854).

FREUD, A. (1965). *Normality and Pathology in Childhood*, (New York: Int. Univ. Press.)

GRAVES, R. (1957). *The Greek Myths*, (New York: Braziller.)

KITTO, H. (1957). *Greek Tragedy*, (New York: Dutton.)

MULLER, H. (1956). *The Spirit of Tragedy*, (New York: Knopf.)

ORGEL, S. (1965). "On time and timelessness." *J. Amer. Psychoanal. Assoc.*, 13.

ROSE, H. (1959). *A Handbook of Greek Mythology*, (New York: Dutton.)

SHENGOLD, L. (1963). "The parent as Sphinx." *J. Amer. Psychoanal. Assoc.*, 11.

STERN, E. (1948). "The Medea complex: the mother's homicidal wishes to her child." *J. Ment. Sci.*, 94.

WITTELS, F. (1933). "Psychoanalysis and literature." In: *Psychoanalysis Today*, ed. Lorand. (New York: Covici-Friede.)

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COMMENT ON THE PAPER BY Drs ORGEL and SHENGOLD¹

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When the Programme Committee asked me to discuss the thought-provoking paper about the fatal gifts of Medea I accepted, after some hesitation, partly because the problem of gift-giving seemed to me interesting, but mainly because I became subject to the same fate as Jason's: I came under the spell of Medea, the daughter of the sun. To say that I fell in love with Medea is an exaggeration, but she is and remains a fascinating woman, and it is not without good reason that the gods took her back to their empire beyond the limits of our own existence.

I want to make four groups of short remarks: about analysis and literature; about the psychoanalytical interpretation of the legend of Medea, her deeds, her fate, and her character; about the clinical material; and, finally, a point of methodology. The relation of psychoanalysis and literature gives us some indication about the

position of analysis as a form of systematic knowledge. Psychoanalysis uses the methods of thinking and forming concepts of the so-called exact sciences, as for instance physics and biology; but on the other hand the problem of interpretation is central, one of the essential problems in the so-called "Geisteswissenschaften", science of literature history, history of art, etc., a word that cannot be adequately translated into English. Psychoanalysis connects both groups of human knowledge and understanding and the problems involved remain a topic for methodological discussion.

From the beginning of psychoanalysis great figures of literature have been studied by the new method. For Freud's name will always be linked with Sophocles, and psychoanalysis is unthinkable without the discovery of the universal psychological meaning of the Oedipus complex. Here we turn from Sophocles to Euripides, from

¹ Read at the 25th International Psychoanalytical Congress, Copenhagen, July 1967.

Oedipus to Medea. Orgel and Shengold have laid much stress on the early infantile mechanisms in their interpretation of the Medea-figure. I would like to concentrate on what is the main astonishing event in the tragedy of Medea—the enormous rage and destructive behaviour as a response to separation from her husband.

We could expect a frenzy-reaction in such a woman: she murdered her younger brother on behalf of Jason, and seduced daughters to boil their father. Do we know from clinical experience a type of woman who cannot tolerate separation and cannot restore her inner health by a process of mourning and accomplish what Freud called so strikingly *Trauerarbeit* (work of mourning)? Yes, we do: women who experience themselves as incomplete, women with a strong and lasting pathogenic castration complex and a furious penis envy. One of the solutions, or in any case one of the attempts at solving the castration complex is a strong tie to, and a relation with a heroic, very potent man. To be loved by such a man means restoration of the completeness of self. For many women, the children born as a result of the conquering of male potency, have also the meaning of the undoing of castration—as Freud has described. In some women, however, this compensation, this undoing of castration, functions only when they remain in possession of the potent husband and father of the children.

We had in our hospital a tragic example of such a woman whose case was investigated by Thiel, who wrote an extensive report for the court of justice. The woman tried to kill herself and her children as a reaction to separation from her husband who was having an affair with another woman. The children were killed by the carbonmonoxide, but the patient was resuscitated in a general hospital. She remained extremely depressed and apathetic and killed herself after a stay in one of our best mental hospitals. As far as I can see, this was the only possible solution for her. For Medea apparently the rage was much greater than the love for her children, and this is understandable, for the feelings for the children were too much determined by the endeavour to compensate castration. I have three important arguments for this point of view: Medea's own words, quoted by Orgel and Shengold; her murder of the younger brother, so often the first and unconsciously lasting object of penis envy; the murder of the father by the daughters whom she

seduced to restore their father's youth and potency by boiling him in a cauldron. It seems misleading to me to call homicidal impulses of mothers towards their children, one of the important causal factors in confusional states after childbirth, a Medea-complex: Medea reacts with homicidal impulses towards her children *on separation*.

I cannot prove my hypothesis that Medea is a woman whose actions are determined by a special elaboration of penis envy. It is a pity that neither Orgel and Shengold, nor I can ask Medea to lie down on an analytic couch. She went to her potent father, the sun. Let us hope that she does not suffer from separation there and finds all the compensation for her castration complex she needs.

Now I come to the clinical material, so convincingly presented. I admire most the description of the case (not included in the published version) where the patient and his fiancée discover the relation between their problems and Medea's story themselves. I think that one point made by Orgel and Shengold is very important. So often the patients describe their pathological tie to their mothers as a result of guilt feelings and this is phenomenologically certainly true. It is much more difficult for them to experience the unconscious gratification caused by so much interest and attention. The authors mention this point, how great was the seduction to return to the sunny radiant mother in Florida, whose potency was a burning fire, not a warm benevolent warmth. The wish to return to mother is not only to be freed from guilt feelings, it is a gratification also. It seems to me, as it did to the mothers of those patients, that we cannot make a sharp distinction between mothers who give their love, their gifts as an expression of sublimated libidinal impulses, necessary in a warm motherly attitude, and mothers who love their children as compensation for their feelings of incompleteness. Mostly the attitude expressed in giving will be a mixture of elements stemming from various sources on a scale between healthy sublimations and pathological mechanisms related to the never healed wounds of childhood experiences. Medea stands at the end of this scale: she loves her children only or mainly as attributes, and uses them as a weapon against Jason who castrates her by being unfaithful. Some mothers can love and even sacrifice themselves for their children, but love them too much as parts of themselves. Others can give them that kind of love which

promotes and enhances freedom and healthy self-sufficiency. When we see in our daily work the damaging influences of mothers who destroy their children, let us not forget to investigate why the children cannot free themselves. Their own aggressive wishes, that is to say, the defence mechanisms against these, form one of the main causes. Moral indignation against the domineering cannibalistic mothers can only distort our work.

I have offered a hypothesis, expressed my admiration, and will end with a critical remark which covers a field wider than that of the paper under discussion. After each reading of the paper

I thought it better, but this raises a question of why we often use such complicated language. Is it not possible to take Freud as our example in this sense too and try to express ourselves in generally understandable language? When we use a language which lacks clarity, the cause is often that the level of abstraction is unnecessarily high. Abstract formulas are only justified and necessary when they enlarge insight or make the forming of new hypotheses which can explain facts possible. The bridges from the clinical material to concepts have to be built carefully and this carefulness we can try to express in the choice of our formulations.

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THE FALL BY ALBERT CAMUS: A PSYCHOANALYTIC STUDY¹

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An analysis of Jean-Baptiste Clamence's character reveals an exquisite relationship between an unconscious easily reconstructed conflict and the manifest tale about the tribulations of this unsatisfiable existential hero. Such is Camus' psychological mastery that it is doubtful indeed whether this relationship would have been much different, had Clamence been a real person. My analysis is based on the numerous repetitive symbolic episodes in this tale, really a dialogue between Clamence and a "double".

Jean-Baptiste was a successful lawyer, eminently suited to enjoy life. This cultured philanthropist, defender of the widow, the orphan, and assorted murderers was a great lover of women, who had never loved any one woman. He withdrew from a life of achievements in Paris to become a barfly in the sailors' quarter of Amsterdam under the following circumstances.

His obsession was that he would paradoxically demand of women: "Be faithful but don't love me!" When a woman preferred him to any man she knew, he would break off the relationship. One day a girl found him wanting. When he learned of it, he was galvanized. He forced her to recognize his superiority, repeatedly humiliated her sexually, only to discover that he enjoyed his newly-found unsuspected sadism. This led to the humorous realization that, in order to satisfy his obsession, every loving woman should be killed to fixate their relationship. His native kindness recoiled, however, from such a drastic solution! Immediately following these pleasant fantasies, Clamence tells his alter ego how, one evening, he saw a young woman leaning over the railing of the Pont Royal. Upon passing her, he heard a splash and a cry which kept going downstream. He could not turn around, felt hopeless, mumbled that it was *too late*, and left the scene with "small steps" (like a child?). He did not notify anyone about it or read the newspapers over the next few days.

It now became impossible to think of himself as a superhuman athlete, the helper of the halt, the blind, or distressed. Even a cursory reading reveals this "crime" to be one of commission rather than omission. (Cf. the associations about killing all the women in the world. The story takes place within the inner canals of Amsterdam equated with the *wilful* sinners' circle of Dante's *Inferno*. Earlier associations referred to four murdered women (including a suicide for him).) And, at the very end of the book, he fantasies a second chance, but he will let the girl drown because: "Fortunately, it will always be *too late*!"

Two other events must be accounted for: he hallucinated, on the Pont des Arts, a laughter, "almost friendly which somehow put things back in their proper place", and it, *too*, was going downstream (linking the laughter with the woman). Equally incomprehensible is the episode in which "he failed" to retaliate when a little man whose motorcycle stalled in front of Clamence's car gave him a blow on the ear and departed while the crowd cheered.

The end of the book is taken up with Jean-Baptiste's attempts at restitution from shame, guilt, and loss of self-esteem. To bind his guilt and reunite symbolically ego and superego, he becomes a "judge-penitent", and starts a private Neo-Christian ritual to make everybody feel responsible for human crimes, whether committed by them or anyone else, including our "Hitlerian brethren".

Why the Mother Must Die

In spite of his phallic defences, Clamence's relationship to women is on an infantile level. He is repeating the first five years of life when he was the centre of the universe for a doting mother. (The father must have been out of this picture.) This assertion is partly corroborated when he says:

... what I used to dream of? A total love of the whole heart and body, day and night, in an uninter-

¹ Read at the 25th International Psychoanalytical Congress, Copenhagen, July 1967.

rupted embrace, sensual enjoyment and mental excitement—all lasting five years and ending in death. Alas!

This passage and his inability to love, let alone procreate, suggests a strong inhibition of genital cathexis because of the aim-inhibited relationship to the mother under penalty of death. Not to be a full sexual object to the mother was a narcissistic blow from which he never recuperated. After age five he "was further humiliated" by the probability that his mother had lovers. The episode about the concierge who died and how within a month his wife took a lover, bears out this view. There is a strange personal ring to Clamence's remark that it didn't prove that she didn't love her husband or to his attending the funeral for "no reason at all". The temptation and the danger of seduction, for the little Jean-Baptiste, led to a compromise: his priapic penis became an *umbilical cord*, a means of maintaining contact with one woman only, the mother; thus, intercourse eventually only increased tension, and drowning the woman became symbolic for killing his young widowed mother.

The Quest for the Father

We stated that the father died while Jean-Baptiste was still quite young; yet nothing is said about his early life, except that his birth was "obscure" (why obscure?) and his father an officer, but "I felt myself a king's son, or a burning bush." The chronology of the tale makes it highly probable that the father was killed in World War I. The evidence for the father's death is overwhelming, but it is of a derived, symbolic nature. He confesses an obsession about going to *men's* funerals, never women's, (a need to atone or re-enact his father's funeral). Without father, we can also assume a strong ambivalent feminine identification. Thus, the murder could mean killing the woman in himself. This is corroborated by the following evidence.

To dull his pain he predictably indulged in sexual and drinking excesses and became sick. While convalescing on a cruise with a woman friend, he saw a "bit of refuse such as ships leave behind them"; he almost called for help, thinking that, after all those years, the *body of the young woman had found its way from the Seine River to the Channel and the middle of the*

Atlantic to haunt him. Confirming the condensation of the body-mother-image and himself, he resignedly says:

I realized likewise that it would continue to await me on seas and rivers, everywhere, in short, where lies the *bitter water of my baptism*. . . . We shall never get out of this *immense holy-water font* (my italics).

This strange imagery brings us to the symbolism of water and bridges, birth and rebirth, of his name and the many functions of John the Baptist which Clamence assumes. John (according to St Luke's Gospel) was the only other man to have been conceived by the Holy Ghost (no earthly father, therefore, "obscure birth") or to have escaped Herod Antipas's murderers during the Slaughter of the Innocents.² He is also the man who "clamoured" (Clamence is a condensation of clemency and clamour) about Herod's and Herodias's second marriages. For that accusation, Herodias obtained, through Salome, the Baptist's head on a charger.

Life with a mother whom he perceives as a Herodias or Salome made Clamence look for a father figure to uphold him. This is expressed through an identification with Christ who voices for him his need and plight. The father theme is introduced right after he compared life with mother, to that *womb-like* instrument of torture, the little-ease (*malconfort*), too small either to stand up or lie down, and "where sleep becomes a *fall*" (the title of the book).

Without transition he suddenly asks,

. . . do you know why he was crucified . . . ? [They have given us many reasons in the past 2,000 years but the real one, only I, Clamence, know the real reason.]

. . . he must have heard of a certain Slaughter of the Innocents. The children of Judea massacred while his parents were taking him to a safe place—. . . ah, who would have believed that *crime consists less in making others die than in not dying oneself!* It was better to have done with it, not to defend himself, to die, in order *not to be the only one to live, and to go elsewhere where perhaps he would be upheld*. (my italics).

The high point in the narrative has now been reached; the deepest need of Jean-Baptiste is uttered through the lips of Jesus:

He was not upheld, he complained, and as a last straw, he was censored. Yes, it was the third

² There is more evidence for the probability that the Slaughter of the Innocents applies not only to World War I and the absent father, but to a sibling as well.

evangelist, I believe, who first suppressed his complaint. "*Why hast thou forsaken me?*"—it was a seditious cry, wasn't it? Well, then, the scissors! Mind you, if Luke had suppressed nothing, the matter would hardly have been noticed; in any case, it would not have assumed such importance. Thus the censor shouts aloud what he proscribes. The world's order likewise is ambiguous (*my italics*).

He goes on drawing a poignant parallel between Christ and himself:

Nonetheless, the censored one was unable to carry on. And I know, *cher*, whereof I speak. There was a time when I didn't at any minute have the slightest idea how I could reach the next one. Yes, one can wage war in this world, *ape love*, [notice the identification by mixing elements of his life with that of Christ] . . . he was not superhuman, you can take my word for it. He cried aloud his agony and that's *why I love him, my friend who died without knowing.*

. . . *he left us alone*, to carry on, whatever happens, even *when we are lodged in the little-ease*, . . . (*my italics*).

Whatever doubts were left about the validity of our reconstruction were dispelled by the pathetic cry: Father, why hast thou forsaken me? Or, "I love him, my friend who died without knowing . . . he left us alone" . . . (even when we are mother fixated in the little-ease). In counterpoint to that theme, the remark about St Luke suppressing the human cry makes us aware of the full richness and skill of the orchestration of this tale. The story is full of missing, murdered, or suppressed things—paintings, Popes, Gods, Jews, etc. A crescendo states more and more emphatically the theme of what life is like for the adult who as a child had no father.

We can now understand why he hallucinated a laughter on the Pont des Arts: There he was, dominating the *mother Island* which gave birth to the City of Paris, facing the statue of the best King France ever had, Henry IV *on a horse*, the man who reconciled the protestants and catholics, the father and mother religions in France, and was eventually assassinated. Truly, one can speak of harmonic resonances, since Henry was also the husband of the talented, lovely, but *unfaithful Queen* Margot. Only the wished-for laughter of such a father could "put things back in place". The humiliating blow from the little man with "a motorcycle between his legs", another phallic symbol, expressed again a wish to be curbed. The symbolism of Van Eyck's stolen painting of *The Just Judges* and the erotic thrill which Clamence feels by keeping it in a

closet in his room becomes clear. The Judges *on horseback* are going to see the Innocent Lamb, one more attempt at reunion with a "just father" who would establish his innocence. At this point in the narrative Clamence is sick in a room "clean as a coffin". He realizes that "betrothal to a virginal bride" or "uninterrupted love" with a mother figure are both impossible, so he regresses, throws off the mask, and demands his rights as a child:

. . . *it will be marriage, brutal marriage, with power and the whip.* The essential is that everything should become simple, *as for the child*, that every act should be ordered, . . . on the bridges of Paris I, too, learned that I was afraid of freedom. So hurrah for the master, *whoever he may be*, to take the place of heaven's law. "*Our Father who art provisionally here. . .*" . . . the essential is to cease being free and to obey, in repentance, a greater rogue than oneself (*my italics*).

This marvellously ambiguous statement is perhaps the clearest evidence for the death of the father who was "provisionally there," and the need for a greater rogue than ourselves to replace him, to brutally *marry* the mother and relieve the child of his intolerable position.

The Return to the Mother—Accepting the Castration

But none of these solutions can work for very long; elements from the unconscious keep disrupting all approximate insights, anxiety and depression break through, and no temporary structures are solid enough to bind them. So, Jean-Baptiste tries a modernized version of an old myth: perhaps his listener is a policeman; he can't very well arrest him because some woman threw herself down a river, but for keeping stolen goods in his closet:

You would arrest me then; that would be a good beginning. Perhaps the rest would be taken care of subsequently; I would be *decapitated*, for instance, and I'd have no more fear of death; I'd be saved. Above the gathered crowd, you would hold up my still *fresh head*, so that they could recognize themselves in it and I could again dominate—an exemplar. All would be consummated; I should have brought to a close, unseen and unknown, my career as a false prophet crying in the wilderness and refusing to come forth (*my italics*).

He started in bliss with the mother and he will end with the mother. He tried to make his own God, but he is "a false prophet." He has betrayed the mother and the usual penalty for

such a crime is decapitation! So, his only choices had been, *death as punishment* or *death as reunion*. He cannot relinquish the pleasure of dominating, be "an exemplar"—like Jesus, John, and their earlier models—Orpheus and Osiris. Orpheus did neglect the phallic Eurydice (one of the Bacchae) and let her die; he, too, with his back to her, had a second chance and chose to let her die again. But, he returned to her as he was torn to pieces and *beheaded* by the Maenads for espousing, among other things, the cult of Apollo the male god, and "his head and lyre floated down the swift Hebrus to the Mediterranean Sea and the Lesbian Shores." While his lyre reached the heavens and gods, the *still fresh head*, on a pedestal in a cave³, in Lesbos, now in the service of the mother cult, went prophesying for ever.

These religious myths, by their subliminal existence in our memory, offer known ritualized symbolic realizations for the personal main-springs in Jean-Baptiste's life. Thus, instead of perceiving these elements as alien to us, we feel as if we *already knew* them, because they resonate with our own unconscious, as well as with the myth of Christ, John the Baptist, Orpheus, and before that, Osiris. Osiris, the martyred god who was cut to pieces and whose *never decaying body* floated down the Nile to sea and the Shores of Byblus⁴. Clamence cannot escape the woman behind this ubiquitous body, floating down rivers to the Sea; if that is how he perceived his destiny, shouldn't he hesitate before taking a second chance and jumping into the river with any woman?

Had she been the sweetest of all, it would have availed nothing, because "he knew," he *had been there before*, and for him there is neither light nor salvation in dark waters and caves.

Conclusion

The findings presented are by no means unique. Over the years in a seminar on the role of the novel in psychoanalysis, I have repeatedly found that the great novels⁵, before and after Freud, are eminently suited to demonstrate the consistency between the unconscious roots of behaviour and their derivatives in the manifest content.

Once reconstructed, the unconscious nuclear conflict polarizes the derivatives and enriches the whole novel, giving it, at last, its full unconscious psychological dimensions and meaning.

Especially interesting are novels which supposedly exemplify the absurdity of Existence, Existential Dread, and their counterparts, the need for Engagement or a God. Many have tried to turn Camus into an Existentialist or a Neo-Christian; this analysis challenges both propositions. His hero is too aware of an inner compulsion to remain Unengaged, while Christ is only used to express similar struggles in Clamence's unconscious. In fact, Christ gains more in stature through Clamence than the other way around (Cf. Moses and Huckleberry Finn⁶).

We understand Clamence's plight in intra-psychic terms far better than from an Existential position, which assumes paradoxically that Life, Procreation and Being, the really pleasurable experiences of mankind, are inherently to be dreaded. Therefore, this analysis reaffirms that Existential Dread is but another, not very fruitful, attempt at rationalizing the hopelessness and helplessness of man to solve unaided the seeming irrationality of his unconscious dilemmas.

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Note: W. Granoff's comment on Barchilon's paper has not been made available for publication—EDITOR.

³ Clamence had a well-defined phobia for caves.

⁴ These older versions of the Oedipus myth reenact the drama between mother and son rather than the father-son rivalry.

⁵ In this seminar at the Albert Einstein and University of Colorado Medical Schools and the Chicago Institute

for Psychoanalysis, we have analysed some 60 novels, among them: *The Red and the Black*, *Moby Dick*, *Pride and Prejudice*, *Crime and Punishment*, *Oblomov*, *The Leopard*, etc.

⁶ Barchilon and Kovel. "Huckleberry Finn: a psychoanalytic study." *J. Amer. Psychoanal. Assoc.* 1966, 14.

ON THE GENESIS OF ACTING OUT AND PSYCHOPATHIC BEHAVIOUR IN SOPHOCLES' *OEDIPUS*

NOTES ON FILICIDE¹

ARNALDO AND MATILDE RASCOVSKY, BUENOS AIRES

Sophocles' *King Oedipus*, the most meaningful synthesis of the essential conflicts of human condition, has been approached psychoanalytically from various viewpoints. Freud pointed out its significance in *The Interpretation of Dreams* (1900) and studies which followed this are listed at the end of our paper.

Acting out and psychopathic behaviour are so significantly predominant in the oedipal tragedy that we feel the challenge to look for the genesis of both phenomena in this universal plight. As Abraham has rightly remarked and van der Sterren expanded, the major difference between *King Oedipus* and other works, lies in the fact that, in Sophocles' drama, oedipal emotions are fully and overtly displayed. This can be understood as the presentation of an unrepressed acting out of the most forbidden drives. Due to this lack of repression, the plot represents the manifest content expressed at early levels when repression is not yet organized. We are now in a position to search for the latent contents which are not repressed but denied in their more archaic stages.

We shall develop this viewpoint stressing that, for the interpretation of the genesis of acting out and the accompanying psychopathic behaviour we must—as Rosenfeld (1964) points out—go back to the fixations in the paranoid-schizoid position and to the pathology of splitting that leads to excessive acting out.

Freud (1900, p. 262) considered the development of *King Oedipus* as “a process that can be likened to the work of psychoanalysis”. We shall deal with Oedipus as a case history since there is enough hereditary, historical and contemporary material to enable us to probe further into the bases for acting out and psychopathic behaviour, resulting from persecutory intensification and the reactivation of the defensive mechanisms prior to repression.

We intend to single out filicide as the funda-

mental causal factor in the genesis of both phenomena, thus being the latent content underlying parricide and incest. In order fully to understand the pattern that the child shapes of the persecutory characteristics which imply the internalized actual mother, the frequent and serious injuries inflicted upon the infant at an early stage should be emphasized. This encompasses a vast gamut of parental acting out, namely, the traumatic vicissitudes of pregnancy and delivery, circumcision, disturbances in natural or artificial lactation, and especially the qualitative and quantitative variations in abandonment, and so on. These factors increase the initial amount of hostility and inborn envy and consequently the exaggerated configuration of the infant's paranoid-schizoid position. These facts have been neglected in research and only occasionally do they appear in psychoanalytical literature. This may be regarded as an aspect of the universal resistance to acknowledging the mother's filicide drives, undoubtedly the most dreaded and uncanny truth for us to face.

In the oedipal tragedy, Jocasta, the filicidal mother, is disguised and denied by Oedipus throughout all the initial period of acting-out. Oedipus faces her in a split way in the Sphinx, following his pattern of excessive splitting, and he is able to free himself of the split and idealized Jocasta only when he gains insight and becomes conscious that it was she, his mother, who had ordered his death.

Oedipus stands out as the most accurate example of acting-out with all the general characteristics attributed to this phenomenon, and even with the socio-political implications suggested by its widest connotation. This can be applied not only to Oedipus but also to the structure common to all heroes: similar persecutory intensification and regression to primitive mechanisms prior to repression.

Sophocles' tragedy actually begins with the

¹ An abridged version of the paper read at the 25th International Psychoanalytical Congress, Copenhagen, July 1967.

working through of Oedipus's earlier psychopathic acting out. In the course of the play, manic defences gradually fail—denial, omnipotence, idealization, and disparagement of the object and contempt for it—and the hidden paranoid processes of splitting, identification, and projection emerge.

Oedipus's life starts with a remarkable persecutory factor. His ancestors are strongly filicidal. We may trace this attitude back to Uranus, who killed his children to avoid succession. Laius and Jocasta are the immediate representatives of this tendency. The oracle's omen is announced long before Oedipus's birth. When he is born, his parents not only mutilate him by piercing his feet, but order him to be killed or abandoned when he is three days old. These circumstances give rise to the aetiological point of paranoid-schizoid fixation. The mother's breast, the mother, and secondarily both parents are the external factors essential to regulate the inborn hate and envy which succeed in coping with inner persecutory demands through their capacity to take in the infant's initial hostility.

When he experiences his parents' abandonment and the ensuing disturbances of introjection and splitting related to them, the ego loses its capacity to develop defences which enable the gradual working through of anxiety. An excessive amount of anxiety that threatens the ego with desintegration is then inhibited or counteracted through extreme manic defences and the ego increases the mechanism of denial so much that there is a failure of organization of the further process of repression.

Since the essential element in the plot consists of his absolute failure to repress patricide and incest that conceal the unsparing hatred for the parents who had abandoned him and which is not counterbalanced by a positive introjection of them, denial is the prevailing mechanism in Oedipus.

To maintain his psychic balance during his early development, Oedipus denies the existence of his bad parents and feeds on a typical family romance through an idealization displaced on to the kings of Corinth, Polybus and Merops. This is the first splitting of the couple which persists up to the failure of denial and idealization when Oedipus becomes conscious that Polybus and Merops are not his parents. The threat to his psychic balance thrusts Oedipus back to the paranoid-schizoid fixation points. This is the meaning of his return to Thebes where he will

act out his unrepressed hostility by means of a further denial and the full exercise of his omnipotence. Following his primitive patterns, he identifies himself with the aggressor and, in a true manic triumph, kills his father at the cross-roads. He proceeds on his omnipotent course and after the denied destruction of his father he encounters the displaced image of his mother, embodied in the Sphinx, who kills the young Thebans (a projection of his own self) and whose riddle Oedipus alone in his omnipotence can solve.

The second object-splitting between the persecutory filicidal mother denied in the Sphinx and the idealized image of Jocasta occurs here. This splitting prevents insight, and Oedipus perseveres in his idealized bad object relationship, placing the greater part of his death instincts on the Sphinx and his erotic ones on Jocasta. In this second fundamental splitting, this time not of his parents but only of his mother—thus indicating an intensified regression—he acts out again by marrying her and brings on the subsequent manic defences which support his balance until the outbreak of the tragedy.

The tragedy starts when the denial of guilt and the manic defences can no longer operate in such an impoverished ego. This situation appears to be projected in the misery, plagues, and sterility in Thebes. The idealization, omnipotence, and splitting of his own ego, which prevented him from gaining insight of the denied psychic reality, start to weaken. Also the splitting and disparagement of his objects have reached a climax that render them intolerable. This appears in the plot in the form of supplications of the Theban citizens who besiege Oedipus, and who represent the demanding and pressing external and psychic reality which is also expressed by the plagues and calamities scourging Thebes.

When the inquiry for the discovery of Laius's slayer starts and denial gradually gives way, Teiresias appears on the stage. Roheim (1953) has shown that Teiresias represents Oedipus himself. We believe that Teiresias is the split and projected part of Oedipus's ego capable of perceiving the painful psychic reality which can no longer be denied. This reintegration is carried out in the midst of constant struggles and fleeting persecutory relapses. The struggle to maintain the denial of conflict and guilt urges him to act out and Oedipus sends Creon to question the oracle. He proceeds in his acting

out, searching for real receiving objects in the outer world to make them guilty of the projective identification of his denied criminal parts. This is the reason why, after many vicissitudes, Teiresias finally shows Oedipus that it was he who killed Laius. Oedipus, in new projective efforts, turns the accusation back on to Teiresias as he will also do on to Creon.

But the external and psychic reality increases its pressure and influences his hampered perception. Finally the testimony of reality which is represented by the messenger from Corinth and the shepherd can no longer be denied. Oedipus as a child was given by Jocasta to the shepherd who mercifully gave him to the messenger. It was this same shepherd who years later witnessed Laius's death.

As Oedipus gradually becomes conscious that the man whom he killed was his father Laius, the messenger announces that Polybus, his idealized father, has died. The splitting between the persecutory bad father and the idealized one thus disappears for the moment. Before the undeniable statements of the shepherd and messenger (another splitting that disappears), Jocasta, confronted with Oedipus's indifference, commits suicide, an indifference that kills her who ordered his death, thus relinquishing the idealized part in the split filicidal mother.

As these defences break down and in spite of Oedipus having gained insight, the persecutory guilt and anxiety are so acute that he is urged to another acting out—this time not manic but melancholic—namely, he pierces his eyes. This he does with one of Jocasta's gold brooches, following in this way the pattern of submission to the mother who pierced his feet when he was born. But the removal of his eyes annuls the pathological splitting between Oedipus and Teiresias and Oedipus thus reintroduces the projected part of his ego which had previously appeared in the form of the blind seer.

The loss of his eyes has been interpreted as a displacement of genital castration. But, at a deeper level, the loss of external vision should be related to the attainment of inner vision—Teiresias's main characteristic. The oedipal plot confirms Greenacre's (1957) and Greenson's (1957) later investigations. These writers have stressed visual sensitization and the scotophilic and exhibitionistic characteristics of acting out and psychopathic behaviour. We consider that these elements are constant in manic conditions (Rascovsky, 1967). This problem is related to the intensified projective identification—a further

characteristic of acting out—the main agents of which are the eyes. In a previous paper (1967) we have pointed out that, in manic conditions which lead to acting out and psychopathic behaviour, external vision is stimulated at the expense of inner vision. We have also stressed that the scotophilic enhancement constantly appears as a result of the unsurmountable increase of paranoid anxiety.

When Oedipus disavows his acting out, he also surrenders to the loss of his external eyes and in compensation, just like Teiresias himself, attains inner vision. The alternative and antagonism between outer and inner vision is another aspect of the excessive splitting of the ego and is expressed in this outstanding point of the tragedy.

We can see here, in the words of the attendant (Sophocles, trans. Watling), how the repressive process starts:

The Attendant: Eyes that should see no longer his
shame, his guilt,
No longer see those they should
never have seen,
Nor see, unseeing, those he had
longed to see.
Henceforth seeing nothing but
night. . .
To this wild tune
He pierced his eyeballs time and
time again.

When the manic defences break down, the melancholic self-reproaches start in full swing:

Oedipus: Lead me quickly away
Out of this land. I am lost,
Hated of Gods, no man so
damned.

and further on:

Oedipus: Cursed be the benefactor
That loosed my feet and gave me
life
For death; a poor exchange.
Death would have been a boon
To me and all of mine.
Chorus: Twice-tormented, in the spirit, as
in the flesh,
Would you have never lived to
read this riddle.

Oedipus says later:

Oedipus: Now, shedder of father's blood,
Husband of mother, is my name;

Godless and child of shame,
Begetter of brother-sons;
What infamy remains
That is not spoken of Oedipus?

Creon steps in as a substitute father, making an allusion to repression:

Creon: Oedipus, I am not here to scoff at your fall,
Nor yet to reproach you for your past misdeeds.
My friends, remember your respect for the Lord of Life,
The Sun above us—if not for the children of men.
The unclean must not remain in the eye of day;
Nor earth nor air nor water may receive it.
Take him within; piety at least demands
That none but kinsmen should hear and see such suffering.

Oedipus at Colonus continues with the melancholic process. Thebes, as a projection of a split part of Oedipus, cannot overcome her conflicts, overwhelmed as she is by fratricidal strife and by continued misfortune that prevent her from depressive working through. Contrariwise, Athens idealized under Theseus's empire—Theseus was dearly loved by his father, Aegeus—enjoys peace and prosperity which, according to the oracle, Oedipus will strengthen at his death.

Before Oedipus's death, the oracle alters its prophecy. This is what Ismene tells her father:

Oedipus: And did you think the gods would yet deliver me?
Ismene: The present oracles give me that hope.

Oedipus: What oracles are they? What prophecy?

Ismene: The people of Thebes shall desire you, for their safety,
After your death, and even while you live.

Oedipus: What good can such as I bring any man?

Ismene: They say it is in you that they must grow to greatness

Oedipus: Am I made man in the hour when I cease to be?

Ismene: If the gods, who cast you down, now raise you up.

.....
Oedipus: How can I help them, remaining beyond their borders?

Ismene: If ill befall your grave, it falls on them.

Oedipus must disappear, leaving no trace. The oracle has proclaimed that, from his unknown grave, Oedipus will grant peace and prosperity to the land that receives him. Likewise, filicide, parricide and incest must be fully repressed to ensure evolutionary peace and prosperity. The Oedipus complex should be buried after it has existed, because every evolutionary possibility is kindled in the emotional forge of filicide, parricide and incest. Only the positive parental introjection will lead to repression. The Oedipus complex, if repressed, is the main foundation of human development, but if unrepressed, is the basis of excessive acting out and psychopathic behaviour.

We can see that the fundamental factor leading to acting out and to the impossibility to organize repression in Oedipus is the paranoid-schizoid intensification and the pathology of splitting arising from filicide which is not counterbalanced by parental positive introjections but aggravated by an excessive use of manic defences which disturb the integration of insight.

REFERENCES

- ABADI, M. (1960). *Renacimiento de Edipo* (Buenos Aires: Nova).
- ABRAHAM, K. (1909). "Dreams and myths." In: *Clinical Papers and Essays on Psychoanalysis* (New York: Basic Books, 1955).
- BARANGER, W. (1947). "El personaje de Edipo en la obra de Sófocles." *Revista de Psicoanal.*, 5.
- BUNKER, H. A. (1952). "The feast of Tantalus." *Psychoanal. Quart.*, 21.
- (1953). "Tantalus—a pre-oedipal figure of myth." *Psychoanal. Quart.*, 22.
- DEVEREUX, G. (1953). "Why Oedipus killed Laius." *Int. J. Psycho-Anal.*, 34.
- FERENCZI, S. (1912). "Symbolical representation of the pleasure and reality principles in the Oedipus myth." In: *Sex and Psychoanalysis*, (New York: Basic Books, 1950).
- FREUD, S. (1900). *The Interpretation of Dreams S.E.*, 4.
- GREENACRE, P. (1957). "General problems of acting out." *Psychoanal. Quart.*, 19.
- GREENSON, R. R. (1957). "Some clinical and

theoretical considerations on acting out and the impulse disorders." (Panel). *J. Amer. Psychoanal. Assoc.*, 5.

JUNG, C. G. (1912). *Wandlungen und Symbole der Libido*. (Vienna: Deuticke).

KANZER, M. (1948). "The passing of the Oedipus complex in Greek drama." *Int. J. Psycho-Anal.*, 29.

— (1950). "The Oedipus trilogy." *Psychoanal. Quart.*, 19.

MULLAHY, P. (1948). *Oedipus—Myth and Complex* (New York: Hermitage).

PARCELLS, F. H. and SEGEL, N. P. (1959). "Oedipus and the Prodigal Son." *Psychoanal. Quart.*, 28.

RANK, O. (1912). *Das Inzestmotive in Dichtung und Sage* (Leipzig: Deuticke).

RASCOVSKY, A. and M. (1967). "El alcance de la regresión en la manía." *Rev. Urug. Psicoanál.*, 9.

REIK, T. (1920). "Oedipus and the Sphinx." In: *Dogma and Compulsion* (New York: Int. Univ. Press).

RÓHEIM, G. (1934). *The Riddle of the Sphinx* (London: Hogarth).

— (1946). "Teiresias and other seers." *Psychoanal. Rev.*, 33.

— (1953). "Oedipus Rex." In: *The Gates of the Dream* (New York: Int. Univ. Press.)

ROSENFELD, H. (1965). "An investigation into the need of neurotic and psychotic patients to act out during analysis." In: *Psychotic States* (London: Hogarth; New York: Int. Univ. Press).

SOPHOCLES. *The Theban Plays* transl. Watling. (Harmondsworth: Penguin, 1947).

VAN DER STERREN, H. A. (1952). "The 'King Oedipus' of Sophocles." *Int. J. Psycho-Anal.*, 33.

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WAS KING OEDIPUS ACTING OUT?¹

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We are all familiar with the picture which shows Oedipus standing in front of the Sphinx: she asks him a riddle, and the Sphinx will perish if Oedipus is able to solve it, while Oedipus will perish if he fails to solve it. There are also pictures which portray Oedipus not as a grown man but as a child. And today, I myself feel like a very small child standing before a Sphinx, the Sphinx which psychoanalysis is, which presents me with a riddle—the riddle of psychoanalytic concepts and terminology. For years, my bewilderment has been growing as I am repeatedly confronted with the complexity of this terminology. I fear that today I shall not succeed in solving the riddle, and that the outcome will be a filicide.

I have read the Raskovskys' study with great admiration for the discoveries which they have added to those made by their predecessors, particularly in regard to the animosity between parents and son. Yet, I cannot help wondering if it is really correct to regard the actions of Oedipus as examples of acting out and psychopathic behaviour.

The term acting out was first employed by Freud in "Remembering, Repeating and Working Through" (1914). He points out how the free-associating patient

does not *remember* anything of what he has forgotten and repressed, but *acts* it out. He reproduces it not as a memory but as an action; he *repeats* it, without, of course, knowing that he is repeating it.

Freud states that acting out appears in place of recollection; I believe that acting out serves to prevent the patient from experiencing emotions directed towards the person of the analyst, emotions which are pressing to become conscious (and which may be associated with memories from early life).

Without stating explicitly that he does so, Freud gives examples of two types of acting out. In the first type, he says:

For instance, the patient does not say that he remembers that he used to be defiant and critical towards his parents' authority; instead, he behaves in that way to the doctor.

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

An example of the second type is that of

an elderly lady who had repeatedly fled from her house and her husband in a twilight state, without ever having become conscious of her motive for decamping in this way. She came to treatment . . . but by the end of the week she had decamped from me, too, before I had had time to say anything to her which might have prevented this repetition.

In the acting out of the first example, the emotion from an earlier period in the patient's life is clearly conscious; in the second example, action is more clearly in the forefront, while the patient probably failed to experience the emotion which prompted her action.

Now, it is clearly true that the behaviour of a neurotic who is not undergoing treatment may closely resemble this sort of acting out. For example, a man may fall in love with a woman in order to ward off awareness of his passive, homosexual feelings. Still, such behaviour differs considerably from the acting out which Freud described, in that the latter is set in motion by the process of the analytic treatment. Should one *also* wish to designate such behaviour arising *outside* the treatment situation as acting out, there are perhaps no overriding objects to doing so, *as long as one remains aware of this difference*. Freud himself never used the term acting out to designate such behaviour, but many other analysts have done so, and thus have bestowed on the term increasingly broad meaning: psychopathic behaviour, impulse disorders, and perversions are sometimes included. Here it is worth noticing, in the first place, that the extension of the meaning of the term has been made mainly in the direction of a more negative connotation, while the acting out described by Freud could refer to behaviour to which a more positive value would be assigned. Thus, ultimately the term acting out could come to have almost universal meaning, thereby actually losing its meaning.

The magnitude of the confusion which we have now achieved is revealed in the Panel discussion of the American Psychoanalytic Association in 1956. I personally concur thoroughly with the opinion of Hacker,

that the term acting out would be most profitably employed, and with least confusion, if restricted to its original meaning in the transference situation.

In the Raskovskys' study, furthermore, a misunderstanding has crept in. They attribute to me the assertion that the

major difference between *King Oedipus* and other works lies in the fact, that in Sophocles' drama, oedipal emotions are fully and overtly displayed. This can be understood as the presentation of an unexpressed acting-out of the most forbidden drives.

The misunderstanding is this: in the early period of psychoanalysis, analysts undertook the study of works of literature. When, for example, in a book a man was described who repeatedly fell in love with an older woman of lower social class who had already had sexual relations, and with whom this man developed a submissive relationship, the term "oedipal" was employed, by which was meant that this character had not successfully resolved his oedipal situation. But this remained a conclusion by and for psychoanalysts, one which would be met by outsiders with incomprehension and incredulity. In the Oedipus legend the situation is quite different, for there it is clearly stated, for everyone to see, that Oedipus killed his father and married his mother. But this is something quite different from "the unexpressed acting out of the most forbidden drives", for though Oedipus did these things, he did them without knowing what he was doing. What he did, he did accidentally, against his own wishes and intentions. And once Oedipus has investigated who killed the former king, his father, and has been forced to conclude that he himself was the murderer, he can still justifiably maintain that he had not wished to do this. His impulse was, and remained, repressed.

I still hold the opinion that the story of Oedipus is a myth, and that its structure shows close resemblance to that of a dream, in which the ward-off wishes are expressed as having been fulfilled. Sophocles transformed the myth into a dream, in which (in contradistinction to psychoanalytic treatment) it is not simply the thoughts and feelings which count, but the actions. Indeed, the very word drama tells us this: it means deed, action, and so one can rightly call Sophocles' play an "acting", but not an "acting out". And neither is it the acting out of a psychopath, for if it were then Oedipus could not rouse the sympathy of all readers and audiences as he in fact does.

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TERROR, PERSECUTION, DREAD—A DISSECTION OF PARANOID ANXIETIES¹

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This brief paper is intended as a contribution to the exploration of the paranoid-schizoid position in object relations, as defined by Melanie Klein. It is the result of analytic work employing the deeper understanding of personality made possible by her discoveries of the role of splitting processes in the formation of psychic structure and the mechanism of projective identification in the dynamics of object relations.

A spectrum of psychic pains is subsumed under the category of paranoid anxieties, the study of which has been begun in detail by other authors, for instance, confusion by Rosenfeld, catastrophic anxiety by Segal and Bion, nameless dread by Bion. Less well-defined terms such as hopelessness, despair, helplessness must also be dealt with, but this paper is limited to three: terror, persecution, and dread. I attempt to define these metapsychologically and to show their place and interaction in the analytical process, employing a case presentation to show them at work and their interrelation.

Case Material

Although this cultured and intelligent man in his late thirties entered analysis because of somatic symptoms, extensive character pathology was soon revealed. Early in analysis the narcissistic structure expressed itself clearly as in the following dream. He was walking uphill on a lonely woodland track and saw another man about his age, a former business client of very paranoid disposition, ahead of him. When the track divided, instead of going to the right as he had intended, he followed the other man, going down onto a beach which he recognized as belonging to the village where he had been born (and from which he had departed at the age of 6 months when his parents emigrated). On the beach he listened with admiration as the other man declaimed at length about his income

and importance, how even on holiday he had to keep in constant touch with his office, as they could do nothing without his advice.

As this part of his infantile structure showed up several times in dreams as a fox, having a reference to a childhood picture story book, it came to be known as his "foxy" part and could be seen to be the source of several types of mental content and phenomena. It produced a constant punning and caricaturing of other people's words (including analytic interpretations); elaborated an endless stream of cleverly screened pornographic limericks; supplied a relentless line of cynical and snobbish argument; and carried on a visual and auditory scrutiny of his environment just outside consciousness. This latter produced a series of dreams in the transference which indicated a most intimidating monitoring of the analyst's technique and way of life. For instance, he knew that I had a colleague who lived in a road that he regularly drove along on his way to analysis. On the night after I had borrowed this colleague's car, and despite my having taken the precaution of parking it around the corner, the patient dreamed that my colleague had a hole, about the size of a car, in the road before his house. The patient had not consciously, however, either seen the borrowed car, noted the absence of my usual one, nor noted the vacancy in front of the colleague's house.

The know-it-all quality of this "foxy" part and its hold over other infantile structures did not however, yield in the slightest to the analytic investigation. Rather it seemed paradoxically to strengthen its hold as a result of two revelations, both of which were reconstructed from the dreams before they were admitted to by the patient. The first of these was a secret sado-masochistic masturbatory perversion and the second was a terror of fire. This paradoxical strengthening of the symptoms had a peculiarly

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

defiant quality. He asserted that his perversion was the only pleasure in his life and sustained him from suicide; while the terror of fire was claimed as absolutely rational on the one hand and sanctified by trauma during the war, on the other. He did not in the least acknowledge that these two arguments were mutually exclusive.

A further area of psychopathology which resisted investigation was his relationship to his ageing mother, whose development of a chronic ailment had been shortly followed by the somatic symptoms which led the patient to analysis. While his relation to her had been cool and even contemptuous from late adolescence, her illness was extremely persecuting to him. He appropriated from his siblings, in a slavish custodial manner, the supervision of the mother's health, financial problems and household affairs, consciously motivated by devotion to his long-deceased father, as if charged by him exclusively with the mother's care. The persecutory element was linked with the perversion, whose secret pleasures were felt as the oasis in a desert of deprivation spitefully imposed by the ailing mother out of her own incapacity for pleasure. The constellation had arisen slowly when it had become clear with the passage of years that his mother would not remarry. It had replaced the tyrannical and jealously possessive demeanour toward her which characterized the years immediately following his father's death. The turning point had occurred at the event of his mother's home being considerably damaged, though not beyond repair, by incendiary bombs. At the time he had been able to fight the fire with courage, but shortly thereafter developed his terror of fire and would rush from the house at the hint of a raid to sleep in a nearby ditch, leaving his mother alone in the undamaged part of the house.

In the following years the perversion crystallized a fixed pattern—dressed in a chauffeur's uniform, sitting on the inner tube of a car tyre, holding a glass of whisky, he would masturbate genitally and anally. The expulsive significance of the orgasm was indicated in analysis in a dream in which, sitting on the tube over a well, he defaecated and then threw his clothes down the well. The prehistory of the perversion was of interest and could be accurately dated to an incident in which his father had needed to remove, repair, blow up, and replace a punctured tyre of

the family car during an outing, the spare being missing. The little boy was overwhelmed with sexual excitement watching his father and thereafter developed several symptoms and secret activities. One of these was the habit of sucking on the dirty tyres of his bicycle. The other was an exciting game of letting the air out of a bicycle tyre, waiting then until a policeman would come along, attempting to blow it up with his mouth as the policeman watched. But he also developed a fear of riding in the family car which was sternly dealt with.

In order to comprehend the anxieties which the analysis found to underlie the perversion and the character pathology, another factor must be noted, again a mixture of trauma and fate. The patient was the youngest child and only boy. A particular traumatic incident of early childhood had assumed a screen memory function. When he was 5, probably (after being reunited with his mother following her protracted illness which had entirely altered the family plans for the future) he was on a country stroll with his nanny when they came upon a dead infant, left under a hedge. This incident became fixedly bound in his mind to his own naughty habit; when given lunch in the garden he would always secretly throw away into the hedge the detested cold fatty meat. It formed the core of the "dead baby" material, as will be seen later on.

For the first three years of his analysis, which was occupied largely with his tendencies to massive projective identification and "pseudo-maturity",² this constellation of perversion, character pathology and symptoms were kept from analysis by acting out in which his "foxy" part was split off into a close business associate by whom he felt dominated. But as this lessened and his own "foxiness" became more conscious and clearly manifest in the transference, two things happened. First of all there took shape a new hopefulness about the possibility of being released through analysis from his constricted life. Consequently, with the acceptance of some measure of dependence on the analytic process, his conscious cooperation became divested of its lacunae of secretiveness. Secondly his attitude toward mental pain altered, so that his cowardice, earlier paraded as a cynical self-interest and snobbery, was allowed a central place in the analytic investigation.

² See my paper "The Relation of Anal Masturbation to Projective Identification" (*Int. J. Psycho-Anal.*, 1966,

47) and my book *The Psychoanalytical Process* (London: Heinemann, 1967).

In the following years, the fourth and fifth year of analysis, the material made possible a dissection of his persecutory anxieties. Progress toward a deeper infantile dependence (on the analytic breast as an introjective object) could commence—the threshold of the depressive position was reached in the analytic process.²

As the work of the two months prior to the fifth Christmas break and the one month after seem so crucial and clear, I will try to describe them in some detail.

The struggle to abandon the perversion could be seen clearly as a struggle to put his faith in the analysis and analytic parents. He dreamed he was at school taking a Latin exam. He thought it might be a trick question, but decided to decline the noun in the straightforward manner of "Mensa" (a pun on Meltzer). Or he dreamed he was visiting his old school and had to decide whether to drive with the chauffeur and boys or to accompany the pleasant mistress (to choose between "foxy" and analysis).

The uncertainty seemed to relate to doubts about the strength, not the goodness or sincerity, of the analytic parents. The night after I had had a tiny cut over one eye, which the patient hadn't consciously noticed, he dreamed that he was complaining to the analyst about a cut over one eye he himself had received in a plane crash and that he might have been killed due to the pilot's carelessness. The intensity of the dependence was apparent.

But as his confidence grew, so did his identification with a capable and courageous "daddy". This was manifest in dreams and behaviour in which he confronted situations he had always cowered from, as well as persons who represented the "foxy" and "vixen" aspects of his own infantile structure. In one dream he protected his son's guinea-pig from a weasel; in another he chased away hoodlums assaulting an old man. But when confronted in a dream with a former friend who had developed a paranoid breakdown, the best he could do was to hide in the nursery. In reality when this man had paid him an unexpected visit, he could not help placating him when he demanded that my patient join in a bizarre prayer to "the Spirit". This, we knew, touched terribly closely on his terror of fire and, as he now revealed, of ghosts, or spirits. We had already seen many dreams in which spirit lamps caught fire. It became clear also that his dislike of swimming was in fact a terror of deep water, not from fear of drowning but a terror of monsters seizing him from below.

Material also indicated that this constellation played a part in his impotence and aversion to the female genital.

It was very close to Christmas; his mother seemed to be losing ground and his inner trust in the vitality of good objects seemed to collapse as the theme of the "dead baby" once more took hold. He was dreaming again of a dead octopus on the front step, of squashed worms in the lawn, of a dead crab under a rock. He had an experience of terror one morning when some flour fell from a bread roll as he drew it from the oven, flaring in the gas fire. He lay in paralysed terror one night when a sound from his daughter's bedroom was construed as an explosion of the TV machine. Some nights later he was seized by a paralysing terror at sounds downstairs felt to be an insane intruder. His dreams reflected the renewed hopelessness. The Nazis were counter-attacking in England or Brighton was being bombed.

However in fact he felt better during the holiday and noted gains in his vigour and courage. He was terribly grief-stricken in a dream in which his mother had died and her belongings were being stored. But the couch which was being carried away was the analytic couch. He understood by himself how closely linked now were the analysis, his mother and his internal good objects. In a later dream he was scolded by a woman for starting a fire in the stove with his methylated spirit lamp. She ordered him to stay back saying that she'd called the fire brigade and in the meantime the automatic spray-pipe would keep things under control. In a word, his internal mother forbade his manic reparativeness, telling him that her internal penis would suffice until the "daddy" arrived.

By this time the three different qualities of anxiety, persecution, dread, and terror, were very distinct in his conscious experience. This was of course to some extent due to alteration in the economics of anxiety in that he was more depressed than persecuted by damaged objects, less cowardly toward bad parts of himself and dreaded persons containing them, and more aware that the terror situations had a basis in psychic reality which could be both comprehended and corrected. Attention in the work could now be turned to the problem of the recurrent destruction and restoration of the internal mother's babies and its transference manifestations in regard to the analyst's children, publication and interpretation—brain children. This work involved the prevention of

the destructive attacks (his masturbation attacks, as in the perversion) by greater responsibility for psychic reality. But also true reparation was made possible by the relinquishment of the acting out of his manic reparativeness, so epitomized in his snobbish contempt for manual work and idealization of intellectual pursuits. One such episode was the following. After dreaming that he chased a wasp from the family car, he developed an episode of abdominal pain, which lasted several days. It resolved after a dream in which his father was repairing the inner tube of a tyre, though the patient half-hoped that the butt of the nail had been left in the tyre. After the following session in which his critical and competitive attitude toward the analytic-daddy was scrutinized, he dreamed that a terrible noise coming from a gap in the hedge terrified him, until a little terrier dog appeared. But when it ran ahead of him to his mother's house, it seemed to turn into his father's boxer dog.

In the working through of this problem during the following year, many episodes occurred, clustering about the separations, of attacks on the mother's internal babies in masturbatory or acted-out forms. His various forms of manic reparation were reduced and the resolution of his oedipal conflict instituted. The attacks of terror disappeared and the residual clinging to the perversion was finally abandoned.

Discussion of Clinical Material

The material demonstrates how the systematic analysis of the transference made it possible for us to see the different qualities of his anxieties and the organization of his narcissism as a defensive structure. He was *terrified* of the "dead babies", the "fire-bomb" babies, the ghostly "burning-flour-off-the-bap" babies. He was *persecuted* by his damaged objects—his dead father, his impaired mother, his defective analyst—by whom he was deprived of pleasure, of leisure, of money, of comfort; for whom he had to work, to be respectable, to earn a living, to know about a world of economics, health, morality and politics in which he felt no interest. He *dreaded* and was submitted to the tyranny of his "foxy" part, which demanded his participation in his perversion long after it had ceased to be his oasis of secret pleasure. This destructive part prevented him from admiring or respecting anyone by its slander, its omniscient propaganda. It kept him in a state of impotence by its denigration of the female genital, while it threatened him with homosexual

desires by presenting penises as delicious suckable nipples. But, above all, "foxy" offered him protection from the terror of the dead babies—or so it claimed. Only in the transference, as in the dream of the little-dog-in-the-hedge, did he come to realize that this "foxy" part had never protected him, that in fact he had been protected all along by an external good object, fundamentally his mother; in the transference by the analyst, psychoanalysis, the analytic breast, with its power to project, despite his enfeebled introjective power, a reparative vitality into his inner world—just as his mother had nourished the recalcitrant little boy who secretly threw the cold meat into the hedge. The series of dreams of live and dead babies (the dead crab, the dead octopus, the terrifying gap-in-the-hedge, etc.) gradually showed him the real nature of his dependence and enabled him to rebel against his tyrant, "foxy", as seen in the dreams such as that of the weasel, or the assault on the old man. Submission to "foxy" and the perversion had yielded to the acknowledgment of absolute dependence at infantile levels on his primal good objects in psychic reality.

Only with this step forward did an amelioration of his persecution by damaged objects begin to give way to depressive concern for them, in dreams, in the transference, in his relations to his mother. Where despair had yielded to hopelessness, hope now arose.

Theoretical Discussion and Summary

Terror is a paranoid anxiety whose essential quality, paralysis, leaves no avenue of action. The object of terror, being in unconscious fantasy dead objects, cannot even be fled from with success. But in psychic reality the vitality of an object, of which it may be robbed, can also be returned to it, as the soul to the body in theological terms. This can only be accomplished by the reparative capacity of the internal parents and their creative coitus.

When dependence on the reparative capacity of the internal objects is prevented by oedipal jealousy and/or destructive envy, this restoration cannot occur during the course of sleep and dreaming. Only an object in external reality, which bears the transference significance of the mother's breast at infantile levels, can accomplish the task. This may be undertaken innumerable times without being acknowledged, if the infantile dependence is blocked by the denigrating activity of envy or the obstinacy born of intolerance to separation.

Where dependence on internal good objects is rendered infeasible by damaging masturbatory attacks and where dependence on a good external object is unavailable or not acknowledged, the addictive relationship to a bad part of the self, the submission to tyranny, takes place. An illusion of safety is promulgated by the omniscience of the destructive part and perpetuated by the sense of omnipotence generated by the perversion or addictive activity involved. The tyrannical, addictive bad part is dreaded. It is important to note that, while the tyrant may behave in a way that has a resemblance to a persecutor, especially if any sign of rebellion is at hand, the essential hold over the submissive part of the self is by way of the dread of loss of protection against the terror. I have come to the conclusion that intolerance of depressive anxieties alone will not produce the addictive constellation of submission to the tyrant—nor in

combination with persecution by the damaged object. Where a dread of loss of an addictive relation to a tyrant is found in psychic structure, the problem of terror will be found at its core, as the force behind the dread and the submission.

Until such a narcissistic organization is dismantled and a rebellion against the tyranny of the bad part is mounted, progress into the threshold of the depressive position is impossible. Furthermore, until this occurs, factors in psychopathology such as intolerance of separation, or of depressive pain, or cowardice in the face of persecution cannot be accurately estimated. The dread felt in relation to the tyrant is fundamentally a dread of loss of the illusory protection against the terror and may be seen to appear especially at times when rebellion has been undertaken in alliance with good objects which are then felt to be inadequate or unavailable, as during analytic holiday breaks.

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COMMENT ON Dr MELTZER'S PAPER¹

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I should like to congratulate Meltzer on his paper about terror considered as a particular kind of paranoid anxiety which grows inside the relationship with the terrifying object.

The terrifying object, Meltzer shows us, is a fantasy object and in particular a dead object. Neither the flight from nor the attack on this object are possible defences. There is but one efficient defence, namely a good external object which can make the dead object alive again, that is, resuscitate it. A pathological kind of defence, which is shown in the clinical material, could have existed through a relationship of forced submission, that is, a slavish relationship to a tyrannical object with sado-masochistic erotization appearing above all in masturbation fantasies. This object relationship of a tyrannical kind, described as an addictive relation, would have the function of defending the subject against the terrifying object, that is the dead object.

Opposed to the terror, persecution is placed within the relationship with the tyrannical object, whereas dread is mobilized when there is fear of losing the addictive object, which is considered as a defence against terror.

I shall now discuss the therapeutic problem arising from the theory Meltzer proposes. The model of the therapeutic process, as Meltzer suggests it, is based on Kleinian theories and is above all one of true tendencies towards reparation—to be kept separate from pseudo-reparation tendencies of a manic type. If the terrifying object, as well as the dead object, is above all a pathogenic one, the process of treatment consists in making the patient relieve the terror. Meltzer's statement that the possibility of overcoming the anxiety caused by the terrifying object can only be effected by the intervention of an object from the outside world having the significance of the maternal breast,

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

leads us to think of the therapeutic process in a particular way. As suggested by Meltzer, we must go beyond the purely cognitive formulation of the therapeutic process and "place the ego where the id was". We must go even beyond the formulation of the therapeutic process as a simple introjection of the analyst.

The resuscitation of the dead object in the therapeutic process brings us to the problem of mystical implications which can be found in psychoanalytic experience. Here there is no danger of finding mystical elements in psychoanalysis: the danger is rather in living them in an unconscious way, that is, living them and ignoring them at the same time, being unable to resolve them by questioning the psychic reality which they might contain.

In this connexion, Meltzer's suggestions can be very useful, and I would like to bring some other observations as a contribution to the discussion about terror reaction and about defences developed against the terrifying object.

I have suggested a theory about the phenomenon of war as a defence system against the

terrifying object and as an addictive modality. I have also described the internal terrifying object as the climax of persecution and depressive anxieties. Thus I completely agree with Meltzer because his theory is in agreement with mine. War, considered as an addictive phenomenon, cannot rise from depressive anxieties nor from persecution anxieties only. War can well illustrate persecution rising inside the addictive relationship and dread developing when we are on the way to losing it. The great difficulty mankind experiences in giving up war is the eventuality of facing the terrifying object, that is terror.

But the existence of war, even if classified amongst the addictive relationships, suggests that we could possibly find defences against terror which are neither based on masturbation nor on the relationship with pseudo-rescuing tyrannical objects, but rather on the relationship with the Enemy-Object, that is, with a real bad object from outside, taking the place of the fantastic terrifying object, and which, unlike the latter which is dead, can be evaded or killed.

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THE SECONDARY DEFENSIVE STRUGGLE AGAINST THE SYMPTOM IN SEXUAL DISTURBANCES¹

LADISLAV HAAS, LONDON

In this paper I propose to investigate the dynamic interaction, the continually changing balance of forces between symptoms and defences in sexual disturbances, particularly in psychogenic impotence.

The metapsychology of symptom formation is one of the great scientific contributions of Freud to psychopathology and psychiatry. It is the psychological counterpart to functional pathology in modern physical medicine. While the conditions of symptom formation appear firmly established, the further vicissitudes of the symptom, the reactions of the ego to the symptom, still present problems and new viewpoints for further investigation. In *Inhibitions, Symptoms and Anxiety*, Freud gave a systematic account of the secondary reactions of the ego to the symptom. The ego may try to adjust itself to the symptom, to accept it, to "build it in" in the way that a foreign body may remain walled off in living tissue. It may isolate the symptom from the rest of the personality—the "bell-ringing" in hysteria is an example. Avoidance of functions in which the symptom is involved is another example. Freud mentioned it only thus: "All types of defence mechanism may be used against the symptom. Even a simple denial may be used."

The emergence of the symptom is a significant event in the struggle of the conflicting forces represented by the id, the ego, the superego, and the external world. The symptom is a "walled point"—a continuous process and its special significance for the individual lies in the fact that it introduces a new—usually disturbing—factor into his personal relationships. It is evident that the forces and mechanisms used by the ego in this struggle are basically the same as we find them in the process of symptom formation: the secondary defensive struggle is the

continuation of the process which produced the symptom and which came to a temporary conclusion. The ego may strengthen the walled-off (repressive) forces which were used in the symptom formation or, on the contrary, change sides and help to relax the opposition of the superego against the instinctual demands, the id representatives. The superego may be temporarily induced to change its "demogogic orientation" and to tolerate and condone the instinctual demands. The restrictive and punishing attitude of the superego, provoking feelings of guilt, yields temporarily to a more liberal and even rebellious reaction, adapting the demands of the sexual instinct.

In the course of the analysis of neuroses one is often struck—and even confused—by the changing role of the ego and superego. What seemed at one time to be the central problem of the patient has receded to a secondary point. What appeared at one stage as a disturbing symptom emerges subsequently in an inner and defensive role. All this is part and parcel of the defensive struggle of the ego against the symptom that, in the words of Freud (1961b)

"... takes many shapes. It is fought out in different fields and makes use of a variety of methods. ... The symptom comes on the side of the demands which repressed impulses, it continually permits its repetition for satisfaction and induces the ego to do this, to give the signal of acceptance and thus itself to a position of defence. ... It leaves a little room to the ego's feelings and to those which the superego imposes, it what substantive compromise it has found and where the road lies for repression lies."

Disturbances of genital function present a great variety of clinical symptoms and patients usually experience them as distressing and even humiliating

¹ Based on the 23rd International Psychoanalytical Congress, Copenhagen, 1966, vol. 10.

² I should like to thank Mrs. and Dr. G. von der Goltz for their valuable comments and suggestions against the manuscript, to indicate a correspondence, via the author.

of the ego after the symptom has developed. The ego does not really, in any way, like the symptom, rather it stands in opposition to it. In some "walled-point" the process of symptom formation

impotence is regarded usually as an inhibition and as Freud (1926) pointed out,

it may often seem to be quite an arbitrary matter whether we emphasize the positive side of a pathological process and call the outcome a symptom, or on the negative side and call its outcome an inhibition.

Genital impotence (erectile or orgasmic) may be the presenting symptom of a wide range of emotional states and sexual perversions. In the analysis of cases of genital impotence it soon becomes apparent how great is the variety of the emotional constellations which may produce it. Sexual disturbances present favourable conditions for the study of secondary defensive processes. Let me present briefly three clinical observations and consider facets of the analytic material relevant to the secondary defensive mechanisms of the ego.

Case Reports

M. I. married, with three children of 6, 8 and 11. He had suffered for many years from various phobias and disturbances of potency. At the age of 21 he made a marriage which was not fully satisfactory. He was impotent at the beginning. He had had no sexual intercourse before marriage. He had masturbated from adolescence but had still not given it up entirely. He was usually excited by young girls' underwear but used them as a fetish for masturbation. He had violent anal-cadistic fantasies in which women were subjected to torture. He also had violent sad fantasies in which he was humiliated by women, sometimes by men, in the presence of women. He used these fantasies in masturbation and in the intercourse situation to discharge, to maintain it, and to reach orgasm. The anal-cadistic fantasies emerged in the hours of regression in defence against incestuous desires and separation anxiety. They were negative transference of genital potency, i.e. as a defence against the impotence. The masochistic fantasies represented both the fulfillment and the denial of feminine identification.

M. H. M. currently graduate, married, with two children. The patient's presenting symptoms were inhibition in both verbal and written communication mainly in his work. Of his previous years of marriage the first seven were "clouded" because the patient never reached orgasm and orgasm. His creative potency was unsatisfactory. He had never had premarital

or extramarital sexual intercourse. Analysis revealed a very disturbed psychosexual development and a clinical picture of great complexity, from which I shall describe only those points which are relevant to the topic of my paper. From his early years the patient felt attracted to girls and wanted to be a girl. He acquired dress-making skills and liked to dress up as a girl. He never masturbated in adolescence, nor did he later. He felt he had been deprived of maternal love in infancy because he was not given satisfactory breast-feeding. He indulged in fantasies about a "girl in heaven" with a lovely face and ample breasts. He identified himself with her and this gave him a feeling of security. The fantasized girl—obviously the good, desired mother figure—stimulated him usually to had fantasies about her during intercourse to maintain potency and to reach ejaculation and orgasm. This double aspect of the fantasy is noteworthy: the identification with the female figure and at the same time the projection of the image, to be used as a sexually stimulating object. The desire for feminine identification found expression in transvestism, which he practised in private. Once he appeared in public dressed up as a woman and got into trouble. His worry and anxiety about this perversion induced him to eliminate the fantasy about the "girl in heaven"—he killed her by stabbing her in the back. The fantasy disappeared, but he became impotent. Analysis of these experiences led to the recognition of the fantasy and potency was restored as before. Material relating to the previous years and to the central complex was uncovered. It became clear in the analysis that his feminine identification and transvestism developed as the expression of intense attachment to his mother and at the same time as a defensive reaction against the "dangerous" father against transference objects. He remembered dreams he had in childhood in which he was attacked by a tiger or a lion and he imagined his father to be a beast. The fantasy of "the girl in heaven" I have described, with its strong phallic content, subsequently became an important ego-sustaining stimulus, protecting and supporting genital potency, i.e. a defensive force against the impotence.

M. R. is a professor and psychoanalytic officer, married, with two children. He appeared first with girls between the ages of 4 and 12 to reach their breasts—these breasts of they showed signs of development. He never

touched their genitals. He remembered an early childhood (age 3-4) longing for his mother's breast, to touch it and put his face on it. In childhood he liked to imagine himself as a girl, preferred the company of girls, and felt that he belonged to their world. He masturbated with boys in early adolescence, but thought his penis was too small. At the age of 18 he was seduced by a middle-aged woman, but he was impotent. He married at the age of 27, having had no previous sexual experience. Sexual intercourse in marriage was infrequent from the beginning, with marked premature ejaculation. The first child was born in the sixth year of marriage, the second three years later. The wife had little interest in sex, which is not surprising under the circumstances. The patient preferred intercourse in the reverse position, in which he imagined himself to be the woman; in this way he achieved better potency. His wife resented this method and the patient was too shy to insist. He had an intense dislike of the sight of the female genital. In the analysis of the paedophilic practices the patient disclosed that he fantasied the bottoms of the little girls to be breasts of adult women. In the light of the patient's history and the analytical material it became clear that unconsciously the paedophilic practices concealed a double identification: both with the mother and with the little girls. The perversion and the fantasy were symptom-equivalents, which emerged in defence against separation anxiety and incestuous wishes. The fantasies of feminine identification derived from the same unconscious sources and were used to prop up the patient's weak and uncertain genital potency.

Let us draw certain conclusions from this case material as regards the structure of these neuroses and the role of the defensive processes in them.

Disturbances of genital potency were conspicuous symptoms in all three patients. All used fantasies to counteract the impotence: to initiate and support erective and orgasmic potency. I suggest that the fantasies should be regarded in this constellation as defensive measures of the ego to ward off the symptom of impotence. The content of these defensive (protective) fantasies have great significance for the understanding of the whole structure of the neuroses. Their analysis reveals repressed incestuous desires, castration fear, feminine identification, transvestitism, fetishism, sado-masochistic tendencies and practices.

While I emphasize the defensive use of these

(pregenital) perverted fantasies, we should not lose sight of their inherent libidinal cathexis. These fantasies are the product and the manifestation of warded-off libidinal trends (the return of the repressed which "are for ever seeking to recathect internal as well as external object representations", as Freeman (1959) put it. Balint (1956) remarks that

Satisfaction of the relevant component instinct creates only a state of very high excitement. Although this is definitely pleasurable in itself, it hardly ever leads to final gratification. The relief, the gratifying end-pleasure is almost always brought about by genital satisfaction, either in the form of masturbation, or, rarely, some sort of coitus.

It is obvious that in the secondary defensive struggle of the ego the whole personality is involved. Anna Freud's (1965) formulations referring to ego-syntonic and ego-dystonic drive regression in childhood neuroses can be usefully applied to the secondary defensive reactions in adult sexual disturbances. The drive regression as revealed in the fantasies appears ego-syntonic at times: the fantasies are condoned in the intercourse situation; the ego turns for help to the id-derivatives. The superego is silenced and is even induced to change sides temporarily in order to avert the disaster of a breakdown of potency in the intercourse situation. The balance of forces may—and in fact often does—change "after the event". The superego again displays its former severity and intense guilt feelings emerge. If the superego regains its ascendancy this may for a time lead to the suppression or repression of the id-derivatives (the pregenital-perverted fantasies). The drive regression has changed into an ego-dystonic one with the prevalence of obsessional attitudes. The patient may report proudly that he has conquered the fantasies—they disappeared. However, this "victory" does not usually last long. It has been achieved at the expense of strengthening the inhibitions, and this entails the relapse into impotence.

Gillespie (1964), Glover (1964), and Greenacre (1953) have put special emphasis on the defensive aspect of the sexual deviations. Glover regards them as "symptom equivalents" and points out that they

protect the reality sense from gross interference which might otherwise give rise to psychotic or near-psychotic manifestations.

I should like to remark here that in fact through these perverted fantasies used in the intercourse situation the patient establishes contact with reality, that is, with the real sexual object, however remote he may be from it emotionally. This viewpoint refers to a problem of wider implications, namely the role of fantasy in the development of the reality sense and in the relation with reality (Haas, 1964).

Greenacre has emphasized the defensive aspects of fetishism. She has said that

the fetish may be the cornerstone for the maintenance of sexual activity. Through the fetish the patient can bolster up his uncertain genitality.

Gillespie summed up the basic aspects of the defensive role of the perversions as follows:

Only very limited ways remain open to the adult pervert for achieving sexual excitement, discharging sexual tension and establishing a sexual object relationship. A clinical perversion of this kind has a very obvious defensive function with the aim of warding off anxiety concerned with the Oedipus complex and especially castration anxiety. It is therefore in the nature of a compromise between instinctual impulses and ego defence and in this very closely resembles a neurotic symptom.

The views quoted above were foreshadowed in a remarkable paper by Sachs (1923). He recognized that the ego granted acceptance and an exceptional position to certain instinct-derivatives in order to have an ally in the process of repression of the Oedipus complex. This is a fundamental aspect in the genesis of all perversions.

Another important structural aspect of the secondary defensive process is reflected in the *splitting of the ego*. As I have shown, the ego condones the emergence of pregenital id-derivatives and uses them for sexual stimulation. This process reveals two opposite tendencies: one amounts to a denial of reality; the other safe-

guards the relation with reality through self-deception, in projecting the fantasy to the real object and creating the illusion that the libidocathexis belongs to it. However, this artificial "staging" cannot be maintained without stress and strain and it ends sooner or later in failure, the breakdown of the defensive process with the reappearance and aggravation of the symptom. The concept of the splitting of the ego in the defensive process was repeatedly emphasized by Freud (1938) in his later writings, in which he expressed surprise that this aspect has been overlooked before. In the neurotic solution of the conflict, he said,

The instinct is allowed to retain its satisfaction and proper respect is shown to reality. . . . But . . . this success is achieved at the price of a rift in the ego which never heals but which increases as time goes on. The two contrary reactions to the conflict persist as the centre-point of the splitting of the ego. . . . Whatever the ego does in its effort of defence, whether it seeks to disavow a portion of the real external world or whether it seeks to reject an instinctual demand from the internal world, its success is never complete and unqualified. The outcome always lies in two contrary attitudes, of which the deflected, weaker one, no less than the other, leads to physical complications.

The therapeutic aim is to "heal the rift in the ego", to establish mature object relations and in this way to remove the need for the use of fantasies as defensive manoeuvres against the Oedipus complex, castration fear, and the early separation anxiety.

Summary

The balance of forces between the id, the ego, and the superego is continually changing in the secondary defensive struggle against the symptom. While sexual deviations and perverted fantasies can be regarded as "symptom equivalents" they may also assume a defensive function in warding off anxiety and inhibition of genital sexuality.

REFERENCES

- BALINT, M. (1956). "Perversions and genitality." In: *Perversions: Psychodynamics and Therapy* ed. S. Lorand (New York: Random House).
- FREEMAN, T. (1959). "Aspects of defence in neurosis and psychosis." *Int. J. Psycho-Anal.*, 40.
- FREUD, A. (1965). *Normality and Pathology in Childhood* (New York: Int. Univ. Press; London: Hogarth).

FREUD, S. (1926). *Inhibitions, Symptoms and Anxiety*, S.E. 20.

— (1938). "Splitting of the ego in the process of defence." S.E. 23.

— (1940). *An Outline of Psycho-Analysis*, S.E. 23.

GILLESPIE, W. H. (1964). "The psycho-analytic theory of sexual deviation with special reference to fetishism." In: *The Pathology and Treatment of Sexual Deviation* ed. I. Rosen (London: Oxford Univ. Press).

GLOVER, E. (1964). "Aggression and sadomasochism." *ibid.*

GREENACRE, P. (1953). "Certain relationships between fetishism and the faulty development of the body image." *Psychoanal. Study Child*, 8.

HAAS, L. (1964). Contribution to Discussion on Symptom Formation and Character Formation. *Int. J. Psycho-Anal.*, 45.

SACHS, H. (1923). "Zur Genese der Perversionen." *Int. Z. Psychoanal.*, 2.

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COMMENT ON Dr HAAS'S PAPER¹

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I am very grateful to Haas for having drawn attention to the problem of the secondary defensive struggle against the symptom. Freud's seminal thoughts about this question have, in my opinion, not been elaborated and not followed up in the psychoanalytic literature to the degree they deserve. Instead, another kind of sequel of symptom formation, the secondary gain, has attracted the attention of psychoanalysts. Haas states as his main thesis that whereas various sexual perversions may be manifestations of neurotic illness they are also used as methods of defence to ward off anxiety and inhibitions in sexual activity; they are used as sexual stimulants to provoke or support potency. Fantasy, he says, has special significance in these processes.

In *Inhibitions, Symptoms and Anxiety*, Freud, as Haas reminds us, gave a systematic account of the secondary reactions of the ego to the symptom, and outlines the main methods it may use. The ego may (i) adjust itself to the symptom, accept it, incorporate it into its own organization; (ii) isolate the symptom from the rest of the personality; or, (iii) avoid functions in which the symptom is involved. The phenomena which are the object of Haas's paper are in my opinion example of a combination: the ego adjusts itself

to the symptom (impotence), but does not succeed in incorporating it into its own organization. The symptom remains outside the organization of the ego.

To illustrate his thesis, Haas presents three very condensed case histories. All three are middle-aged married men. All three have been impotent, and had no premarital heterosexual experiences. In their marriages they succeeded in eliciting and maintaining erection and reaching orgasm by using perverted fantasies, as in masturbation, during intercourse. The analysis reveals repressed incestuous wishes, castration anxiety, and feminine identification. There are repressed sadomasochistic tendencies, transvestitism and fetishism too. The perverted fantasies are used, according to Haas, in a defensive way against the symptom, namely to counteract impotence and to support potency. But they have their libidinal and aggressive cathexis too. The satisfaction of the component instincts, to which the fantasies belong, creates a state of very high excitement. The final gratification, the end-pleasure is brought about genitally, by masturbation or coitus.

Up to this point I agree with Haas. I disagree with him in the following matter: his base of

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

operation, the special viewpoint he emphasizes, is the economical, more precisely, "the continually changing balance of forces between symptoms and defences". In my opinion the secondary defensive struggle is at the start not directed against the symptom as such, but against the threatening narcissistic injury. The vicissitudes and transformations of the narcissism are decisive in the patients. I agree with Haas that

The ego may strengthen the warding-off forces which were used in the symptom formation, or, on the contrary, change sides and help to relax the opposition of the superego against some . . . id-representatives (and that) the superego may be temporarily induced to change its "ideological orientation."

What I want to emphasize is, in short, that we cannot understand this development without considering the other metapsychological points of view.

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CASTRATION ANXIETY AND THE BODY EGO¹

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In 1945 Hartmann and Kris stated:

...Freud argues that the intensity of the fear of castration experienced by the male child in our civilization is unaccountable if we consider it as a reaction to the actual threats to which the boy is being exposed in the phallic phase; only the memory of the race will explain it. To this we are inclined to reply with Freud's own arguments. While in many cases the child in our civilization is no longer being threatened with castration, the intensity of the veiled aggression of the adult against the child may still produce the same effect. One might say that there always is "castration" in the air. Adults who restrict the little boy act according to patterns rooted in their own upbringing. However symbolic or distant from actual castration their threats might be, they are likely to be interpreted by the little boy in terms of his own experiences. The tumescent penis with which he responds in erotic excitement, that strange phenomenon of a change in a part of his body that proves to be largely independent of his control, leads him to react not to the manifest content but rather to the latent meaning of the restriction with which his strivings for mother, sister, or girl-playmate meet. And then, what he may have seen frequently before, the genitals of the little girl, acquire a new meaning as evidence and corroboration of that fear. However, the intensity of fear is not only linked to his present experience, but also to similar experiences in his past. The dreaded retaliation of the environment revives memories of similar anxieties when desires for other gratifications were predominant and when the supreme fear was not that of being castrated but that of not being loved. In other words: pregenital experience is one of the factors determining the reaction in the phallic phase. This simple formulation refers to a wealth of highly significant experiences which form the nucleus of early childhood; to the total attitude of the environment toward the child's anaclitic desires, when the need for protection is paramount, and toward the child's later erotic demands.

The present study is an attempt to describe some factors contributing to the development of castration anxiety, factors that, as far as I know,

have hitherto been relatively unobserved and that cannot simply be subsumed under the heading of "pregenital experiences". I will start with some observations from psychoanalytic practice.

The first patient was a young musician with difficulties in performing both when he was practising and when he was appearing in public. He had been trained by a teacher who disdained technical training *per se*, but who incessantly stressed the importance of making the hands function without any voluntary effort, so that when the eyes read the music the hands would perform it. The patient, who was very talented, rapidly picked up this technique, but when he had perfected it, certain difficulties arose. A short period of very successful playing would be followed by the hands getting ice cold and stiff, and he had either to warm them in hot water or to withdraw in order to masturbate. Further analysis made it clear that here the hands served as a penis equivalent, and the involuntary movement of the hands in playing represented the involuntary movement of the penis in an erection. The connection between the hands and the penis made the patient aware of how frightening such involuntary movement was, whether of the hands or the penis, and how his castration anxieties centred on this automatic behaviour.

The second patient was a young psychologist with some knowledge of psychoanalytic theory. In analysing his castration anxiety it became clear that in this case also the involuntary movement of the penis was quite frightening. The patient put this very succinctly when he stated: "Now I understand why the penis is symbolized by a bird. It's not just that it can fly up in the air, but you're also afraid it's going to fly away."

Since observing these two patients, I have been able to see the same mechanism in more or less disguised form in every analysis of a male patient.

A discussion of these phenomena naturally starts with the development of the body ego. In this connection I would like to state that I think that ego body would actually be quite a useful

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

term for dealing with the question of what the ego perceives as belonging to the body in which it resides.²

Schilder (1950), in his classical study, stresses the qualities of touch and vision in the development of the body ego. Hoffer (1949, 1950) has also stressed the importance of touch in the early apperception of the hand and the breast. The volitional control of movements, however, has not been stressed as a necessary accompaniment of the development of the body ego or the ego body, even though the concept of mastery, which seems to have something to do with volition, has been discussed (Freud, 1911; White, 1948). Experiences with amputees (Kolb, 1954, 1959) seems to indicate that the process of achieving voluntary control over parts of the body anchors the part so firmly to the ego body that its mental representation, in the form of a phantom, survives for quite a while after the loss of a limb, in spite of the fact that reality-testing agencies can easily ascertain that it is not there.

Phantom limbs do not appear before the age of five, but thereafter they are quite frequent. In fact, it seems to be the rule that after amputation on one of the extremities, some type of phantom will appear. When other parts of the body are involved, phantoms are much rarer. After amputation of the nose there is sometimes a phantom of the tip of the nose, and phantom eyes have been described after amputation of part of the face. Phantom breasts are quite rare, and after castration for legal purposes in countries where this is permitted, testicular prostheses are sometimes used because no testicular phantom appears in the scrotum, and the empty feeling is unpleasant. A phantom penis is very rare indeed (Heusner, 1950). In one case this occurred after amputation of the penis in a man who had been impotent for many years; in another case the phantom that appeared was hardly of a penis but rather just a painful penis tip associated with a cancer of the perineum. Where there is no voluntary movement there is no phantom. It should be mentioned that whereas the sudden loss of a part of the body is often followed by a phantom, leprosy or gangrenous processes with subsequent losses do not give rise to these phenomena.

Moreover, touching the penis with the hand is markedly different, in terms of pleasure-unpleasure quality, from touching the other hand

or some other part of the body; touching the penis not only usually gives distinctive pleasure but can also bring about a marked change in it and, later in life, ejaculation.

Thus, there is strong evidence that voluntary control of movement is important in the development of the body ego and the mental representations of body parts. In this respect, the penis has a special relation to the body ego. It cannot be moved voluntarily; on the contrary, volitional efforts usually interfere quite seriously with the erectile function. In contrast, however, with other body parts that cannot be moved by will but at least live a placid life in relation to the whole, it has, as far as motility is concerned, a totally autonomous and highly noticeable status.

Add to this the fact that it almost entirely changes appearance at puberty, and starts a new autonomous activity—nocturnal emissions—and one can indeed say that the relation of the penis to the body ego is quite indistinct, vague, and precarious. In the two cases described above and in other cases as well, it appeared that masturbation served as a device to achieve voluntary control of the penis. Manipulation can cause erection and ejaculation, and can prevent the occurrence of involuntary nightly ejaculations. It is, as a matter of fact, quite often used for this latter purpose by adolescent boys staying away from home. Masturbation however, partially defeats its purpose by the peculiar quality of touch referred to above and also because of the fantasies that it arouses. It is thus my contention that the penis has a special relation to the ego body, to which it is much less firmly attached than most other parts, and that this circumstance might in itself give rise to fantasies about its possible loss.

In this connection, note that I have not even touched upon the other previously well-documented factors in castration anxiety. No wonder that castration anxiety is one of the more violent affects of man!

Let us finally attempt to sketch a metapsychological treatment of this question. Genetically, it is apparent that whereas the mouth and the anus, two highly erogenous zones, become incorporated into the voluntary control system, the penis remains autonomous in this respect. The dynamic point of view belongs more in the treatment of castration anxiety as accompanying oedipal conflicts. From a structural point of

² After such a statement as this it has been customary to excuse oneself for speaking anthropomorphically. Considering how extensively the term ego has been

explicated this seems superfluous. Physicists do not excuse themselves when they say that a mass has potential energy.

view it can be said that the achievement of voluntary control over the locomotor system and other parts of the body corresponds to the development of ego structures, and the slow rate of change expected of such structures is beautifully demonstrated in the life history of a phantom, which slowly changes and may even completely disappear. The mental representation of the penis does not become a firm structure in this way.

From an economic point of view, certain factors are noticeable. To go back to the early pleasure-unpleasure system, it has been stated that what is unpleasurable is without, and what is pleasurable is within, as far as the simple ego is concerned. There is, however, another consideration that seems important in this connection. A small baby left alone will eventually generate a violent unpleasure feeling (hunger, wet diapers, uncomfortable position, cold, etc.). The baby, like all of us, needs an external object in order to achieve pleasure. Hoffer (1949) has stressed that one of the first things the hand touches and presumably also learns to recognize as external reality, is the pleasure-giving breast—the earliest object. Possibly the fact that touching

the penis creates pleasurable affect also gives it, in relation to the ego, a certain object quality. One could also postulate that whereas the locomotor function is invested with neutral energy, the penis remains invested with untransformed libidinal energy—another way of saying that it has a certain "outside" quality. It may even be that an ordinary narcissistic investment is difficult: most men harbour a vague feeling that there is something wrong with their penis.

It is doubtful whether, according to Gill and Rapaport's (1959) recommendations, this study can be concluded with adaptive and psychosocial considerations of any particular usefulness.

Summary

Clinical experience gained through psychoanalysis indicates that the autonomous motility of the penis is in itself anxiety provoking. Considerations of the phantoms of amputees, the rarity of a phantom penis, the penis's peculiar sensibility to touch, and its pubertal changes support the conclusion that one root of castration anxiety is that the penis never becomes a securely anchored part of the body ego (or ego body).

REFERENCES

- PIAGET, S. (1911). "Formulations on the two principles of mental functioning." *S.F.*, 12.
- HARTMANN, H. and KERN, I. (1945). "The growth approach in psychoanalysis." *Psychosom. Study Child*, 1.
- HILLMAN, A. P. (1950). "Phantom genitalia." *Transactions of American Neurological Assoc.*, 75.
- HOFFER, W. (1949). "Mouth, hand and ego-integration." *Psychosom. Study Child*, 3-4.
- (1953). "Development of the body ego." *Psychosom. Study Child*, 5.
- KRIST, L. C. (1954). *The Painful Phantom*, (Springfield, Ill. Thomas).
- (1959). "Disturbances of the body-image." In *American Handbook of Psychiatry*, ed. AIRD (New York: Basic Books).
- RAPAPORT, D. and GILL, M. M. (1959). "The points of view and assumptions of metapsychology." *Int. J. Psycho-Anal.*, 40.
- SCHILLER, P. (1950). *The Image and Appearance of the Human Body*, (New York: Int. Univ. Press).
- WITTE, R. W. (1948). "The integration of personality." In *The Abnormal Personality*, (New York: Ronald Press).

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COMMENT ON DR LÖFGREN'S PAPER¹

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The concepts of self-representation and object representation are among the mainstays of present-day psychoanalytic metapsychology. Yet

data about the body image, this core of our self-representation, which constitutes the critical check point for the maintenance of our sense of

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

entity and identity, have not attained commensurate attention in psychoanalytic literature. For its contribution to this question alone, Löfgren's paper is of special interest. In it he deals with castration anxiety related to aspects of what he terms the "ego body", namely, "what the ego perceives as belonging to the body in which it resides".

In this necessarily far too short paper, Löfgren singles out the automatic, involuntary motility of the penis as being the main culprit that prevents integration of the representation of it within the ego body. He bases his hypothesis largely upon the fascinating but still rather controversial phenomenon of phantom delusions. He refers to the finding that phantoms—also called "sensory ghosts"—plague 98 per cent of adults (and children beyond 5 years of age) who have lost suddenly without gradual and long-term emotional preparation—one of their extremities; and that, in contrast, penile phantoms are rather rare. He states: "Where there is no voluntary movement, there is no phantom."

The following remarks are intended to complement and further substantiate Löfgren's main thesis, namely, that the penis, through its highly autonomous and highly noticeable status, obtains an insecurely anchored object quality within the bodily self-representation and therefore may elude the synthetic function of the ego. As we know from Freud the exceptional and unique narcissistic value that the penis represents is due to its rich libidinous sensory quality, its erogenicity. Not only touch and proprioception, but also unconscious and preconscious fantasies can provide the necessary stimulus increasing the blood supply to the erectile tissue of the penis, resulting in tumescence and causing erection, that involves motion—and eventually ejaculation.

It is the entire complex of its erotogenic qualities and the kinaesthetic and highly versatile functional relation of the penis to the rest of the bodily self-representation which eludes the ego's synthetic function, I believe, which accounts for the object quality of the penis *vis-à-vis* the ego itself (which quality Löfgren most importantly brought to our attention).

I further illustration and highlighting of Löfgren's point, may I dwell for a moment on psychoanalytic clinical material concerning a prototype of pathological kinaesthetic automatisms, namely, ties of the organ-neurotic character. In many instances tiqueurs describe the disturbing automatisms in terms reminiscent of

tumescence, of erectile sensations pressing towards a more or less orgasmic discharge, that is, the tic paroxysm. They feel self-conscious and guilty about it, as about masturbation.

A 19-year-old tiqueur, for example, described her tic paroxysm (she had also coprolastic ties) with these words: "If I am not in it (the tic paroxysm) I am working myself into it, like an automobile that gains momentum going down the hill," she added, "I cut off my nose to spite my face . . ." (Mahler, Luke and Daltroff, 1945).

A particularly passive boy tiqueur complained in analysis: "I always feel it coming on" (meaning the tension in the muscle group and the impulse to tic) "and I try with all my might not to move, but then it moves anyway" (Mahler, Luke and Daltroff, 1945).

Through the hypercathexis of certain functional groups or parts of the neuromuscular apparatus with unneutralized instinctual energy, those parts obtained erogeneity, and the entire complex sensorimotor experience, eluding control by the ego, exerts a disorganizing, disorganizing influence which, in a few cases of those we had the opportunity to follow up, caused psychotic breakdown in puberty.

In juxtaposition to Löfgren's example of adolescents who try hard actively to control the autonomous "life" of the penis, to ward off castration anxiety by active masturbation (mastery?), I would like to mention a seemingly ever-increasing group of passive male adolescent patients whose analysis reveals all kinds of denial mechanisms with which they try to abrogate their masculine body feelings altogether. They may succeed in producing psychogenic inhibition of nocturnal and diurnal emissions. Many refrain from manual masturbation or even from touching their penis. All these mechanisms and stratagems seem to indicate that the aim is active dissociation from the penis, isolation of sensations arising from the penis—to ward off castration anxiety.

One of my extremely passive adolescent patients—an exceptionally athletically-built handsome boy—substituted pride in the image and appearance of his body as such for phallic pride. As a young latency child he had had kinaesthetic and transgressive symptomatology. He was an excellent skier. One day he came to his analytic hour in near panic, still under the impact of a nightmare. He was unable to lie on the couch and paced up and down the office floor as he related the dream. He dreamed that while he

was on a ski tour on top of a mountain with his girl friend, his penis became exposed and was frostbitten. His girl friend, indicating she wanted to help him, simply cut it off. The terrifying feature of the nightmare was that the patient did not even feel the operation on the penis!

If time permitted I would feel tempted to conclude these remarks within the frame of reference of Löfgren's important paper by mentioning a study that Kestenberg (née Silberpfennig) and I carried out at the Potzl Clinic in Vienna. We branched out to include in our study (about the body image) seventeen amputees, all of whom had lost limbs. Twelve still complained of the sensorimotor delusion—five either lost or never had phantom delusions. Pertinent to Löfgren's topic, however, we found that those amputees who still had their "sensory

ghost" seemed so preoccupied with restitution of the integrity of the mental image of their bodily representation that in the Rorschach test they gave, to our great surprise, up to 100 per cent responses that had as their content anatomical structures of the body. Significantly they were of the variety which Rorschach termed *anatomische Lage Deutungen*. We felt that the permanent trauma to the integrity of the body triggered a kind of permanent feedback to castration anxiety. Most of the answers had to do with the axial, the middle part of the body, even though the genital was not directly mentioned. The answers had also to do with balance and symmetry of organs and the answers were given with much trying out of positions to fit the ink blot—"anatomically" as it were (Mahler-Schoenberger and Silberpfennig, 1938).

REFERENCES

MAHLER, M. S., LUKE, J. and DALTROFF, W. (1945). "Clinical and follow-up study of the tic syndrome in children." *Amer. J. Orthopsychiat.*, 15.

MAHLER-SCHOENBERGER, M. and SILBERPFENNIG,

I. (1938). "Der Rorschach'sche Formdeutversuch als Hilfsmittel zum Verständnis der Psychologie Hirnkranker." *Schweizer Arch. f. Neur. und Psychiat.*, 40.

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OBSERVATIONS ON THE CONCEPT OF EGO¹

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From some of Freud's earlier writings it may appear that the ego from the psychoanalytical standpoint is a rather passive executor of the instinctual drives of the id on the one hand and dictates of the superego on the other, busy all the time bringing about a reconciliation between these two conflicting forces. Nevertheless, such a view would be entirely at variance with the essentials of the Freudian concept of the ego. It is true that Freud has not discussed the functions or the nature of the ego as elaborately as he has done of the id. But all the same the significance of the activities of the ego as censor, reality tester, feeler, experiencer, etc., has repeatedly been indicated by him. In fact, in his emphasis on the crucial need for seeing through and dissolving resistances before the results of analysis can be stabilized, the vital role of the ego is clearly borne out.

What Freud could not get time to work out in detail was done by his daughter, Anna Freud. Subsequently, the attention of many analysts has been focused on the ego and its mechanisms, and fruitful investigations have been done along the line. Notwithstanding these valuable contributions, however, psychoanalytic ego psychology still remains in many respects wanting. Apart from sublimation, creative urges, and the like, some ego functions, consciousness and the workings of the preconscious continue to baffle our attempts to understand the human mind more clearly. Perhaps some further modifications in the concept of the ego would open up new avenues to tackling hitherto unresolved issues of psychoanalysis, and the present paper is an endeavour in that direction.

The ego and also the energy of the mind as a whole, including that of the ego, were earlier considered to have been derived from the id. But the recent theory assumes that the ego is not only coexistent with the id from the very beginning but also that it has some special energy of its own, apart from that of the id. Even if we accept the current theory of the ego, some very

important questions remain to be answered. For example, are the two energies employed by the id and the ego basically different? Or is there only one psychic energy which manifests itself in different ways in these two different institutions? What happens to the id energy when the unconscious desires are brought to the conscious by analysis and are recognized by the ego? What becomes of the id energy connected with a particular wish when such a wish is accepted or tolerated by the ego? Does the ego take up the id energy into itself and becomes richer at the cost of the id energy which thus loses some of its capital? Can id energy be converted into ego energy, if they are basically different? Whence comes a wish—from the ego or from the id? It is said that wishing is a function of the mind; it may remain in its unconscious part or may be in the conscious part. What are the functions of the ego with respect to a wish? These and many other questions are to be satisfactorily settled before we can get a clear picture of the workings of our mind.

Freud has said on the one hand that the ego develops out of the id, and on the other that both are the same initially. The implications of these two statements are very different and are not to be lightly treated. Modern psychoanalytic ego psychology is, indeed, a direct outcome of Freud's later contention that the ego and the id, to start with, are one and the same, the separation coming only in the course of its development. Would it still be logical to assume that ego energy is different fundamentally from that of the id? If so, what are the characteristics of these two basically different energies? This is a rather complicated question, the discussion of which would require a separate paper. For the present a reference to the following lines from Freud would be stimulating:

We came to understand that the ego is always the main reservoir of libido, from which libidinal cathexes of objects go out and into which they

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return again, while the major part of this libido remains permanently in the ego. Thus ego libido is being constantly changed into object libido and object libido into ego libido. But in that case they could not be different in their nature and it could have no sense to distinguish the energy of the one from the energy of the other; we could either drop the term "libido" or use it as synonymous with psychical energy in general (*New Introductory Lectures*, Lecture xxxii).

It should be evident from the above that Freud in the course of developing his concept of the ego reached a point where he mooted the suggestion of a general psychic energy. The application of this suggestion cannot logically be restricted to the subject-object relationship in the libidinal sphere. For, the question arises, what happens then in the field of non-libidinal mental energy, if there be such, under similar circumstances of subject-object relationship? Neither Freud himself, nor any of his followers, so far as I know, have followed up this question to its natural conclusion. The only satisfactory solution to this issue and other related questions seems to lie in my suggestion, made elsewhere, that psychical energy is basically one, and that it is utilized by the ego in different forms and different ways—libidinal, non-libidinal, aggressive, etc.—in accordance with its wishes and the needs of specific situations. The issue of libidinal and non-libidinal psychic energy is thereby rendered redundant. The psychic energy would thus seem to be analogous to electrical energy which is manifested in the forms of heat, cold, light, etc. I am aware of the far-reaching implications of this suggestion for psychoanalytical concept formation, but that would be worked out in some future papers. It may, however, be stressed here that the concept of a single psychic energy would not only render the issue of transformation of id-energy into ego-energy and associated problems more easy to understand, but would also open a new vista for comprehending the nature and functions of the ego. It would be noticed that the viewpoint presented here has a close similarity with Yoga psychology.

It may be profitable for us to know how in Yoga the question of the ego and its workings have been treated. In my papers entitled "The Concept of Mind in Yoga and Psychoanalysis", and "Ego Factors in Psycho-analysis in India", I have tried to outline the viewpoint of Yoga and how it compares with that of psychoanalysis. Without going into the details of the theory, let

me mention here briefly some of the relevant points. Yoga assumes two elements, namely, *purusha*, the eternal entities of the nature of consciousness; and *prakriti*, the eternal undifferentiated primordial matter. Owing to the close proximity of these two fundamental eternal elements (not mixture, for according to that school, matter and non-matter are basically different and cannot therefore form into an inseparable compound), changes take place only in the matter (*prakriti*). The first somewhat stable creation is *ahamkara* (the ego sense). From this *ahamkara*, in different stages, the *indriyas* (sense capacities and then the sense organs) are formed. According to the Yoga school, as also many other schools of Indian thought, no creation is possible unless the *purusha* and the *prakriti* or, in other words, the conscious element and the matter come close to each other to cause change in the latter. In each and every created thing, these two elements must be present. According to Yoga, even *manas* (mind) is a subtle matter. The only non-matter is *purusha* (the conscious element) which is unchangeable and also eternal. Even a piece of stone, according to them, has an element of consciousness. The similarity of this concept with that of the pan-psychic school, though their fields are slightly different, is obvious. Like the qualitative difference obtaining between the unconscious, the preconscious, and the conscious in psychoanalysis, Yoga has posited three qualitative states of matter including the mind, known as *gunas* (qualities). The three *gunas* are: *satwa* (which is calm, receives more of the light of consciousness and is concerned with experience), *raja* (which is clouded with passions and desires and is directed outwards, the mind remaining in a ruffled state) and *tama* (which is when the mind fails to have a proper perspective of the surroundings and becomes unduly excited or lethargic). These divisions are very similar to the psychoanalytical qualitative divisions. All creations are combinations of these three *gunas* in different proportions. In what we call matter or material objects, the *tama* overwhelms the other two *gunas* and hence the signs of consciousness are not noticeable. The ego in psychoanalysis is a part of the topographical division of the mind. But in Yoga, the concept of the *mana* (literally translated as mind in English) is somewhat different from the mind posited by the Western psychologists. In Yoga, the ego has been conceived as a separate entity and is formed immediately after creation, in nuclear

form. This ego thereafter develops into a powerful institution as it gains in experience—from external reality and from its own internal developments. The ego carries within itself the inherited traits and tendencies from parents. Yoga acknowledges two types of inheritance: one, as already mentioned, from parents to child, and the other from one existence of an individual to the next. Psychoanalysis, too, acknowledges not merely the influence of heredity through parental lineage, but also a sort of archaic heredity coming down from prehistoric times. Although there are differences, the concepts of heredity in Yoga and psychoanalysis are somewhat analogous. Without now elaborating further on the points of agreement or opposition between Yoga and psychoanalysis, let me for the purpose of this paper dwell briefly on some significant features of the yogic concept of the ego and then indicate the possible advantages of drawing upon that knowledge for further development of psychoanalytic ego psychology.

According to Yoga, the ego is the repository of all wishes and tendencies. The ego works with the sensory and motor organs; and objective or subjective stimuli (from memory, etc.) may give rise to a wish or a series of wishes. A wish is then judged by the ego in respect of the desirability of its fulfilment. Some wishes are then accepted for fulfilment, while others are rejected. The rejected wishes (suppressed or repressed), however, try to fulfil themselves in various ways and in disguise. Let it be remembered that this ego is the psychological ego and is not to be confused with the self in philosophy. Yoga is fundamentally psychological both in its conceptual and in its empirical approach.

Viewed from this yogic standpoint, the ego attains a pre-eminent place in life. The *mana* (literally, mind) only determines and selects (to an extent), differentiates one object from another, and then refers all its findings to the ego which in its turn, with the help of *mahat* or *buddhi* (the first stage of creation, where the capacity to experience is developed), realizes the object or the situation, and acquires knowledge of it. Incidentally, I may refer to the "theoretical ego" postulated by Bose. His theoretical ego incorporates the id, the ego and the superego of psychoanalysis and the concept is analogous to the ego of Yoga.

In my paper entitled "Development of Psychoanalysis in India" (*Int. J. Psycho-Anal.*, 1966, 47), I have tried to indicate how a modified version of Bose's theoretical ego can better

explain many of our problems yet unsolved. Some of my other papers also, namely, "On Wish" and "On the Unconscious" (in *Samiksa*), discuss these problems briefly. The main point I wish to emphasize here is that the ego is guided by two main principles: the pleasure principle and the reality principle as posited by Freud. The ego, on the one hand, has the wish to enjoy all the pleasures that life offers and many more that it can fancy, and on the other, due to its knowledge of reality and earlier experiences stored as memory (in the ego or in *mahat*, the next higher stage of ego or the first change when creation starts in the hierarchy of creation according to Yoga), it may refrain from fulfilling a wish. So while the ego endeavours to fulfil its wishes to derive pleasure, it also inhibits such fulfilment, at least directly, for the time being or for good, if confronted with any insurmountable obstructions or strong opposition from within. The ego, then, is fundamentally pleasure-motivated. It seeks, if possible, to circumvent a situation where pleasure may be impaired. If the ego has not had adequate experience of reality in a given situation, it may directly try to fulfil its wishes, only to go through painful consequences. Thereafter, if the wish drive is not so strong as to render the past experience of pain ineffectual, it will not directly dash forward to fulfil its wishes again. When, however, the ego is weak, such as in idiots, or is under a pathological spell, it may repeat the activities which once caused pain instead of pleasure. It is known that such masochistic activities contain in them a pleasure component. But normally the ego seeks only pleasure. When thwarted by reality or other factors, it is the ego again which works hard to find a way out for the fulfilment of its wishes. The success of such endeavours depends upon the capacity of the ego to manipulate a given situation to its advantage or to find out substitutes for the satisfaction of its desires, maybe in symbolic forms, or to sublimate the desire or wish in a manner acceptable to both the ego and the environment. No doubt the ego sets its own standards by introjecting its ideals, etc. Depending on its capacity and mobility, the ego is able to change the form of its ideals or even some portions of their contents to derive the maximum possible pleasure in a given situation. Fantasies are created by the ego. Drawing upon its basic resourcefulness, the ego seeks to utilize its experiential knowledge in a creative manner so as to enjoy pleasures which otherwise cannot

be got. Censorship, resistance, repression, sublimation, symbolization, etc., are but different means the ego employs to derive pleasure (which is the main drive) and to avoid pain. A pathological symptom then indicates, on the one hand, the failure of the ego to gain its end directly, and on the other, represents the best possible solution the weak or confused ego could find in a given situation. Freud's theory of a symptom being a compromise formation is accepted here with some modifications, but its main character is kept unchanged.

In a child the ego is still undeveloped. His inherited traits gradually try to enjoy particular types of pleasure as far as possible, at that early ego state. Even the different types and objects of pleasure are gradually acknowledged by the ego, as it grows and gains in experience from the environment through its different sense modalities. The question of the development of the ego is thus dependent upon two main groups of factors. Firstly, the ego's inherited traits, strength, and capacities of various types; its mobility, creative faculties, etc., including the ability to find an alternative channel for fulfilment of wishes and its capacity to stand frustration. Secondly, the sensory and motor organs of the individual are to be sufficiently sensitive and active to be able to respond adequately to stimuli. Any stimulus which is too strong for a particular ego to withstand is likely to damage the latter's integrity. In such cases the organization of the ego is likely to be disturbed or even destroyed, causing serious damage to the personality.

It appears that taking the yogic concept of the ego with necessary modifications and elaboration on psychoanalytical lines, we can postulate a much simpler but a very effective theory of the working of the mind. The functions of the ego assume great significance in this theory. This by no means invalidates the Freudian concepts. On the contrary, some of Freud's concepts are

further emphasized, while others are placed in a modified setting. The stress put on the ego should not be misconceived. Analysts who have themselves gone through deeper personal analysis, or have undertaken deep psychoanalysis of patients or of candidates in training, will bear out the vital role of the ego in the resolution of more basic complexes closely associated with the ego itself. We find that the ego, we may call it the primary narcissistic ego, creates a halo around it and when its narcissism is injured devalues itself. Thus misconceptions of the ego are formed by overestimation or underestimation of the ego itself—which is the first reality the ego has to contend with from the standpoint of my observations. A correct estimation of the ego by the ego itself is an immensely difficult task. Usually the ego's defences against acceptance of its own limitations are very strong and are numerous in number. It is difficult to say whether we can free our ego completely from all its self-enveloping and self-protective delusional trends.

The weak infantile ego needs to build up such defences to protect itself from half-understood, ill-conceived, imaginary dangers. Unfortunately, no ego is absolutely free from some infantile traits and tendencies. It appears that the ego has a tendency to maintain the infantile vagueness around itself. Whether the ego can be fully freed from this tendency is difficult to say with our present state of knowledge. Psychoanalysis has not so far probed into such depths of the human mind, mainly because until recently this has not been its aim in particular. Yoga teaches certain methods and psychic exercises (training) by which, it claims, one can free one's ego from its self-created horrid or colourful fantasies. Psychoanalysis may at present only theoretically admit of the possibility of such a state of mind; but nothing can scientifically be established until psychoanalysis is able to attain to that state by its own method and practice. Attempts in that direction are clearly called for.

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COMMENT ON Dr SINHA'S PAPER¹

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In his attempt to unify the concept of the ego, Sinha points up a unification of our present psychoanalytic thought with Indian psychology as expressed in Yoga.

Apfelbaum, in his paper "On Ego Psychology" (1966), reviews Freud's progressive development of a model of the mind. Studies of the ego by followers of Freud, principally Hartmann, have led to its taking its proper place in analytic theory. Hartmann's preference for organic analogies in ego psychology accounts for his assumption that since the drives are estranged from the external world, the ego must assume the role of the organ of adaptiveness as well as that of adaptation. Adaptation becomes reminiscent of self-preservation—the ego instinct of early psychoanalytic theory. The ego is thus rendered as an organ with a function rather than as a representation of a drive with an aim.

In treating the relationship between the ego and the id, Hartmann has been following the practice of contemporary structural theorists. They neglect the function of the superego and of internal objects, in the control, modification, and guidance of the impulses. They have considered ego control effective without the assimilated benevolent superego and thus neglect the dynamic forces which make such control possible. Reliance is thus placed on the organ analogy to supply the causal principle behind ego control. The superego being set aside, ego autonomy becomes more compelling, since without ego structure nothing is interposed between the impulse and the act.

The omission of the superego forced the structuralists to construct a psychoanalytic model which must rely wholly on explanation in terms of energy and structure. Thus structures must be built to develop into independent, autonomous, organ-like apparatuses so as to prevent their being swept away by mounting drive tensions.

Sinha's material gives the impression that the desire for self-control is at the root of Hindu manifestations as expressed in Yoga. In Yoga, the mana, or ego, has been conceived as a separate entity and is formed immediately after

creation; this ego thereafter develops into a powerful institution as it gains experience from reality and from its own internal development. In Yoga it seems that the mana or ego remains adamant and in complete control, and demands perfectionist behaviour. Objectivity, in the form of complete knowledge and trust, is thus to be used as a means of preventing the individual from any emotional bias and enables him to accept success or failure purely on the basis of truth as expressed through his complete knowledge. The Yogic's gratification seems to lie in this striving after perfection, the essential aim of which is to explain reality and to discover the absolute. The strongest impulse one can feel is to wish to be rid of the conflicts of consciousness which can occur either by annihilation or an absorption and becoming one with the Divine. Thus, instead of an everlasting consciousness which would afford him solace, it only tends to drive him to further depths of distraction.

These thoughts describing the manas of Yoga seem similar to the ego of Hartmann's psychology. The term ego in the structural approach is often used as synonymous with the total psychic apparatus. Thus reality-testing is actually a function of the whole tripartite psychic apparatus and not of only one of its parts. The subjective experience of a reasonable ego thus is actually the product of the rest of the personality. In the organic ego, its separateness from the id is built in as an evolutionary development.

The ontologist Holt (1965) postulates the conception of the nature of man as a free agent, the rational master of Nature, as against the antithetical and more pessimistic view that he is the servant of powerful and inscrutable forces—a machine operated by his environment, or the plaything of his own instinct. Here he is expressing the same issue as that raised by Sinha as expressed in Yoga in relation to mana or ego, for he too conceives of Man-ego as a separate entity which develops into a powerful institution as it gains experience from external reality and from its own internal development.

Knight (1946) states that the sense of freedom, of the ability to choose and master one's own

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life, is a real and clinically important phenomenon, experienced only by emotionally mature, well-integrated persons; it is the goal sought for one's patients in psychotherapy, and this freedom has nothing to do with free will as a principle governing human behaviour, but is a subjective experience which is itself causally determined.

In practice, Hartmann's and Rapaport's conception of the ego as a "structure" rather than an aim, emphasizes the passively experienced ego. All this suggests the obsessive-compulsive world, as is also expressed by Sinha's *manas* of Yoga which too is concerned with control over outer reality, the conception of objectivity as detachment from drive, the interest in questions of autonomy and the resultant structural hypertrophy manifested by these concerns.

The theoretical ego postulated by Bose also incorporates the id, the ego, and the superego of psychoanalysis, a concept analogous to the ego or *manas* of Yoga.

I wonder whether this drive for perfection covers a fear of the unknown results which may follow an error either in conduct, in faith, or in ceremonials. Carrying this comparison a step further, we can look upon psychoanalysis as an attempt to soften the demands of the superego, as indeed we try to accomplish in our treatment of obsessional patients, to change these perfectionist goals and so eliminate its many protecting rituals. In relation to the pleasure-pain and reality principle, Yoga does not accept the relational tie since it may produce a conflict of positive or negative vectors or symbiosis, but believes rather in striving to produce a tranquil state undisturbed by pleasure and pain which is labelled joy. This would then presuppose that the state of joy is emotionless, colourless and is associated with the correct ascertaining of real values. Sinha rightfully states that the ego feelings of our daily life are made up of many unreal values which the ego gathers about itself, but these must be considered a mixture of id and ego feelings which are being brought into conformity by the ego through its synthetic function. Liberation of the ego and its strengthening to face reality is thus acquired as is the resolution of the narcissistic overvaluation of the ego.

According to the Sankhya, *Buddhi* is the faculty containing all spiritual processes that take place within man, and yet are not at the disposal of his conscious will. The modes of judgment and experience appear from within, as

manifestations of the subtle substance of our own character; they are the very constitution of that character. Hence it is that though when making a decision we may suppose ourselves to be free and following reason, actually what we are following is the lead of *Buddhi*, one's own "unconscious" nature.

Buddhi comprises the totality of our emotional and intellectual possibilities and constitutes that total nature which is continually becoming conscious, manifest to our ego, through all the acts. Thus "The Great One", *buddhi*, *manas* or ego, renders the unconscious manifest, through the creative and psychic processes which are activated from within. Thought, when it surges to the mind, is directed and coloured by our emotional biases and trends. Yogic training removes darkness by making things translucent, and agitation is removed; serenity and unconcern is thus revealed. The direction of this influence occurs by the outer senses coming in contact with their environment; their experiences are digested by *manas* or ego; their product is brought into relation with one's individuality; and then the *buddhi* decides what is to be done. A lack of "discriminative knowledge" causes suffering, while knowledge allows us to discriminate and thus enables the individual to distinguish between one's own life-principle and the indifferent matter that flows around us.

In the subjective experiences of Yoga of the primal state of self-absorption or involution, a state of intuitive inner awareness is evolved; and through intellect (*manas*-ego) consciousness then proceeds to an experience of the outer world through exterior senses. The cosmogonic process becomes the unfolding of a perceived environment from an innermost, all-perceiving centre. The world is understood as unfolding from a quiescent state of inward absorption, and introspection therewith becomes the key to the riddle of life.

Sinha states that, according to Yogic philosophy, complete liberation of the ego or the self is not possible so long as the body exists. We can reach only a state very close to such a liberation in life.

It would seem then, that the state spoken of in "Geeta" can never be reached in life, that of gaining a true knowledge of the world so as to be able to live in a detached state of mind not disturbed by pleasure or pain so that one can work as the situation may demand but in a state of uninvolved detachment.

Thus ultimate in judgment must call for an objectivity which is absolute and without limitations. The implications are that the limitations arise from our desires for success and achievement, which are emotional. The ego freed from vanity is not involved in this narcissistic act and therefore is not disturbed by frustration or overpowered with pleasure. Thus the ego has no need for a relationship to the outer world and its synthetic function is needless in the norm of Yoga. The psychoanalytic norm which permits

the retention of neurotic characteristics must thus have need to retain and find use for the synthetic function of the ego.

The aims of psychoanalysis are not as high and lofty as those in Yoga. Freud implies that psychoanalysis to be successful is not expected to free man of all passions. The Yogic philosophy has been in existence for many centuries while Freudian psychoanalysis is just an infant learning to walk. There is no doubt that we will learn much from Sinha's investigations.

REFERENCES

- APPELBAUM, B. (1966). "On ego psychology." *Int. J. Psycho-Anal.*, 47.
HOLT, R. R. (1965). "Ego autonomy re-

evaluated." *Int. J. Psycho-Anal.*, 46.

KNIGHT, R. P. (1946). "Determinism, freedom, and psychotherapy." *Psychiatry*, 9.

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THE PSYCHOLOGY OF THE FOOL¹

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"Following false copies of the good, that no
Sincere fulfilment of their promise make."

—Dante

This paper is an outgrowth of our studies of affects and psychoanalytic affect theory as an extension into the area of psychoanalytic characterology. The fool² represents a special pathological type of character-formation, a sort of sub-group within the large category of alloplastic neuroses in which the conflict is behaviourally discharged in a manner known as acting out. Freud was a highly moral person, but he disliked the introduction of moral considerations into psychoanalysis. He always said of the moral-ethical that it was self-evident. This is probably true of those who honestly want to understand the moral-ethical and to live by this understanding. Tactically, it also was right for Freud not to get drawn into moral-ethical polemics which would have only diverted him from his main task of building psychoanalytic psychology.

However, the time now seems to have arrived when psychoanalysts should no longer back off from consideration of the moral-ethical, but should use the tools of psychoanalysis to investigate the moral-ethical realm. Ethics will not be destroyed by such an investigation, but would profit from it.

Freud's moral integrity is implicit in everything he wrote, or did. We doubt that it is possible to write of the fool and his acts of folly and avoid moral considerations. That psychoanalysis as a scientific psychology wished to avoid moralizing is easily understood and sympathized with, but the moral-ethical domain remains a reality in human existence; and somewhere in the humanities, psychology and ethics must abut upon one another. We affirm that the concept of folly belongs to the common area shared by psychology and ethics. Ortega y Gasset in a footnote in his book, *The Revolt of the Masses*, says:

I have often asked myself the following question. There is no doubt that at all times for many men one of the greatest tortures of their lives has been the contact, the collision, with the folly of their neighbours. And yet, how is it that there has never been attempted—I think this is so—a study on this matter, an Essay on Folly? For the pages of Erasmus do not treat of this aspect of the matter.

This is our rationale for departing from Freud's practice of refraining from introducing moral-ethical considerations into psychoanalysis.

We would like to begin at this point with a long quotation from Dietrich Bonhoeffer (1955).

"Of Folly"

Folly is a more dangerous enemy to the good than malice. You can protest against malice, you can unmask it or prevent it by force. Malice always contains the seeds of its own destruction, for it always makes men uncomfortable, if nothing worse. There is no defence against folly. Neither protests nor force are of any avail against it, and it is never amenable to reason. If facts contradict personal prejudices, there is no need to believe them, and if they are undeniable, they can simply be pushed aside as exceptions. Thus, the fool, as compared with the scoundrel, is invariably self-complacent. And he can easily become dangerous, for it does not take much to make him aggressive. Hence, folly requires much more cautious handling than malice. We shall never again try to reason with the fool, for it is both useless and dangerous.

To deal adequately with folly it is essential to recognize it for what it is. This much is certain, it is a moral rather than an intellectual defect. There are men of great intellect who are fools, and men of low intellect who are anything but fools, a discovery we make to our surprise as a result of particular circumstances. The impression we derive is that folly is acquired rather than congenital; it is acquired

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

² Webster's Dictionary: One who acts absurdly or stupidly; a simpleton; dolt; one who professionally

counterfeits folly, as a jester or buffoon; a retainer formerly kept to make sport, dressed fantastically in motley, with cap, bells and bauble.

in certain circumstances where men make fools of themselves or allow others to make fools of them. We observe further that folly is less common in the unsocial or the solitary than in individuals or groups who are inclined or condemned to sociability. From this it would appear that folly is a sociological problem rather than one of psychology. It is a special form of the operation of historical circumstances upon men, a psychological by-product of definite external factors. On closer inspection it would seem that any violent revolution, whether political or religious, produces an outburst of folly in a large part of mankind. Indeed, it would seem to be almost a law of psychology and sociology. The power of one needs the folly of the other. It is not that certain aptitudes of men, intellectual aptitudes for instance, become stunted or destroyed. Rather, the upsurge of power is so terrific that it deprives men of an independent judgment, and they give up trying—more or less unconsciously—to assess the new state of affairs for themselves. The fool can often be stubborn, but this must not mislead us into thinking he is independent. One feels somehow, especially in conversation with him, that it is impossible to talk to the man himself, to talk to him personally. Instead, one is confronted with a series of slogans, watchwords, and the like, which have acquired power over him. He is under a curse, he is blinded, his very humanity is being prostituted and exploited. Once he has surrendered his will and become a mere tool, there are no lengths of evil to which the fool will not go, yet all the time he is unable to see that it is evil. Here lies the danger of a diabolical exploitation of humanity, which can do irreparable damage to the human character.

But it is just at this point that we realize that the fool cannot be saved by education. What he needs is redemption. There is nothing else for it. Until then it is no earthly good trying to convince him by rational argument. In this state of affairs we can well understand why it is no use trying to find out what "the people" really think, and why this question is also so superfluous for the man who thinks and acts responsibly. As the Bible says, "the fear of the Lord is the beginning of wisdom". In other words, the only cure for folly is spiritual redemption, for that alone can enable a man to live as a responsible person in the sight of God.

But there is a grain of consolation in these reflections on human folly. There is no reason for us to think that the majority of men are fools under all circumstances. What matters in the long run is whether our rulers hope to gain more from the folly of men, or from their independence of judgment and their shrewdness of mind.

In the main, we agree with Bonhoeffer, but we disagree with him on certain points, such as his belief that folly is sociological rather than

psychological; and we disagree with his notion that outbursts of folly are connected in a causal manner with violent revolutions. Revolutions only afford the opportunity for acts of folly. The folly has been latently present as a developmental defect. Violent revolutions mobilize and make manifest what previously has been only potential.

The essential dynamic constellation in the fool consists of unacknowledged hostility, which nonetheless unconsciously produces guilt, which in turn is repressed and denied. The guilt urges toward repentance, but individuals of the kind under consideration do not wish to give up their anger, but are determined to remain angry and to behave destructively. Consciously, they subscribe to that which is right and decent. Thus, perhaps the most characteristic trait or quality of the fool is dishonesty. He deceives himself. To recapitulate, the fool is angry and is determined to remain hostile despite strong guilt feelings. A strong tendency to treachery is the inevitable consequence; and to resort to metaphor, "when the chips are down", the fool is sure to betray others or himself. The fool may piously appear to forgive, but he never truly does so—neither himself, nor others.

Typically, the fool will waver and be undecided on important issues such as the grave crises of politics and war, all the while professing the most sincere of good intentions and good will. He will apparently yield to argumentation and appear to be convinced of the right and proper course of action, the course of action obviously appropriate to his professed moral decency, but at the critical juncture, breaks his promise and betrays what he pledged himself to protect and support. The proverb, "Fools rush in where angels fear to tread", asserts that the fool is reckless rather than courageous.

The fool is not innocent, but is often gullible. Innocence is a state of freedom from guilt. It involves a pristine guilelessness and a credulousness because of a lack of experience with deceit. The innocent may be deceived through that credulousness—but does not unconsciously seek to be deceived. Without cynicism, but in seriousness, it is to a considerable extent correct to equate innocence with ignorance.

The gullible (1963) have a credulousness which stems from the need to be deceived. That is, they must deny their distrust and, therefore, place trust in situations which their intelligence clearly tells them is improbable and unsafe. Thus, the gullible differs from the innocent in that the latter has no intrapsychic drive to be deceived.

The fool, on the other hand, is driven by guilt to remain always ambivalent. His character is such that unconscious ambivalence will underlie all his commitments. Therefore, he is never fully committed or loyal to any cause or person. As with all ambivalences, the repressed or suppressed side is likely to appear in startling and sometimes surprising ways. Learning from experience is not possible; for learning would have to include adoption of a belief; the ambivalence prevents adoption of a belief. The folly appears as wholly intrapsychically motivated. Duping is partly intrapsychic and partly situational. The innocent is not driven to be fooled, nor is he unable to learn from folly.

Freud wrote to Pfister (Freud and Pfister, 1963) that "In practice I am dreadfully intolerant of fools." This statement is just another instance of the myriad we have that testify to Freud's wisdom, and wisdom is the antithesis and antonym of folly. The fool is typically more prone to defend another fool than he is to defend the wise and the decent.

While no one is free from all tendency to folly and playing the fool, we are not writing about those persons having the minimum ineradicable traces of folly; nor yet about the professional counterfeiting of folly, because the jester, clown, buffoon, knows what he is doing, has his behaviour under conscious control. His behaviour is not that of the humourless, the dead-earnest; but he is playing at folly, though the ultimate irony of it all does have a serious intent. In other words, this essay is directed toward the consideration of the neurotic character type, the real fool. The buffoon-jester-clown is not truly foolish, except in the sense of Cervantes' Don Quixote, who is EVERYMAN and portrays the measure of the absurd, the ridiculous, in all of us. The professional counterfeiter of folly is not really foolish because his "folly" is leavened by wit, humour, and the comic intent. The true fool is one who denies his folly but eternally acts it out and does so because he is at the most fundamental level a nihilist. The nihilist is one to whom guilt is an intolerable narcissistic wound. Luciferian pride precludes that humility necessary for the acceptance of the human condition and the resulting greater need for mercy than for justice. The nihilist can neither give nor receive forgiveness. The theologian Thieliicke (1961), writing on the subject of nihilism, states:

The plethora of "isms" provides eloquent testimony

that no notion is too petty and no idea too odd for somebody to fabricate from it an "ism" and a philosophy. Whatever it is that is thus made into an absolute is a part of the created world. A particular area of creation is separated from the total context of created things, taken by itself, and made into an absolute. This explains why it is that when we make an absolute of one part of creation, we then cannot rightly understand large areas of the rest of creation. The tendency to make absolutes of relatives produces areas which are non-subsumable and to that extent left unbounded and unregulated. As soon as truth ceases to be a binding authority that stands above a man it becomes a merely servile function whose purpose is to give some kind of legitimacy to his interests. Nihilism is a unique "ism". All other "isms" are pragmatically directed toward certain ends, whereas nihilism is completely without any end or purpose. Nihilism has only one truth to declare, namely, the truth that ultimately Nothingness prevails and the world is meaningless. The second difference between nihilism and other "isms" consists in the fact that it is not a program but a value judgment.

Most nihilists repress and deny their nihilism, in fact, build up reaction formations that seem to be positive. So, the fool—which is to say the basically nihilistic person—is bent on acting out sadomasochistically his destructive aggression, but absolutely denying it at the same time. This dishonesty constitutes the most formidable resistance in the psychoanalytic, or any other type of psychotherapeutic, treatment of the type of individual whose neurosis takes the form of the character disorder of the fool. The severe forms of this disorder probably seldom come into psychoanalysis, or any other form of psychotherapy. The dominant affect and attitude toward the fool is contempt, which constitutes a rather severe task for the psychotherapist to see that he does not relate to such a patient with a too severe negative countertransference.

The type of behaviour justly called silly is one way of playing the fool. Dictionaries define "silly" as being of no significance. So silly behaviour is sadomasochistic exhibitionism, subjectively demeaning, and annoying and provocative toward the object. Masochistic and sadistic sexual perversions seem always to have as one of their aims that of playing the fool, or of making a fool of the other.

Stekel (1922) in writing about the perversions says:

The phenomenon of playing the fool deserves investigation. It is very common in children, and the tragic nature of this exaggerated gaiety is evidenced by the almost inevitable crying scene

which usually follows immediately after the strenuous horse-play.³ The regressive form of "childish foolishness" is present in various types of infantilism, and its psychological motivation is quite clear. Infantilism emerges ordinarily in the wake of a severe blow to the ego, and the forced gaiety is compensatory, an attempt to drown out defeat and disappointment.

Lucian, in Greek, wrote on the praise of folly in the years around 200 A.D. Brant, in the late fifteenth century had written in the Swabian-German dialect, *The Ship of Fools*. Both these writers and their satirical treatment of folly were familiar to Erasmus as worth pointedly recommending to the world to teach it humility. Erasmus intended to confound the seemingly wise. He satirized them as fools. In short, all three writers belong to the class of literary jesters. They are, therefore, not fools in the sense that this essay is mainly concerned with.

Kohut (1966), writing on the forms and transformations of narcissism was, of course, not writing about the character type of the fool; but we believe his formulation of the problem of narcissism could be applied correctly to the characterology of the fool. For example, what Kohut has to say about wisdom's being the outcome of man's ability to overcome his unmodified narcissism, which rests upon the capacity to accept the limitations of his physical, intellectual, and emotional powers is true; and, as already pointed out, wisdom is the antithesis of folly.

In summary, the fool suffers from a neurosis characterized by a type of acting out known as folly, the unconscious aim of which is destructive aggression, which is denied by the fool both to himself and to everyone else. Fools profess high ideals, and so profess to uphold all good

and decent things. However, the fool is practically sure to be the cause of tragedy in his family and personal life; and worse still, sociologically, when the fool has political power. The fool, when in possession of power and backed by his false assertion that he firmly believes the high ideals he professes, is certain to yield to the temptation to act out treacherously and destructively on the widest scale.

Summary

The type of character disorder considered in this paper is not the buffoon-jester-clown type of fool who plays the "fool" with conscious intentionality, but the type that consciously has no recognition of being a fool and hence, who acts out his folly against himself and others—usually under the guise of decent or even lofty ideals. Freud said that the moral-ethical was self-evident. This was true of Freud, but it is not true of everyone. To us it appears that it is not possible to deal with the psychology of the fool without considerable reference to the moral-ethical domain.

Guilt is an intolerable narcissistic wound to the sort of person who deserves the epithet of "fool". Hence, the fool denies the guilt and the destructive rage which lies behind it. Reaction formations of idealism are erected, but they fail to prevent the destructive acting out. The fool does not believe in the reality of forgiveness.

Essentially, the fool is nihilistic. His seeming idealism and seeming possession of humane convictions sometimes permit him to obtain power, such as political power, but he is very prone to betray any trust reposed in him. The fool, because of his fundamental dishonesty, seldom enters psychoanalytic or any other form of treatment.

REFERENCES

- BONHOEFFER, D. (1955). *Prisoner for God*. (New York: Macmillan).
- ERASMUS, D. *The Praise of Folly*. (Hudson translation), (Princeton University Press, 1941).
- ISAACS, K. S., ALEXANDER, J. and HAGGARD, E. A. (1963). "Faith, trust and gullibility." *Int. J. Psycho-Anal.*, 44.
- KOHUT, H. (1966). "Forms and transformations of narcissism." *J. Amer. Psychoanal. Assoc.*, 14.
- FREUD, S. and PFISTER, O. (1963). *Psychoanalysis and Faith: The Letters of Sigmund Freud and Oskar Pfister*. (London: Hogarth).
- STEKL, W. (1922). *Patterns of Psychosexual Infantilism*. (New York: Liveright, 1952).
- THIELICKE, H. (1961). *Nihilism*. (New York: Harper & Row).

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³ We find an extraordinary presentation of this type of buffoon in the person of Karamazov, the father, in Dostoyevski's *The Brothers Karamazov*.

COMMENT ON PAPER BY Drs ALEXANDER and ISAACS¹

LOIS MUNRO, LONDON

To open the discussion I shall consider the theme of the nature and origin of the developmental defect inherent in the fool. I am drawing on my psychoanalytical experience but giving material from one patient only to illustrate my points. This patient has psychotic episodes.

While it is true that omnipotent denial of their foolishness keeps many characterological fools from seeking help, nevertheless this type of patient exists and in many analyses episodes of folly occur. These patients are extremely difficult to analyse because their attacks are aimed at destroying the analyst's capacity to function. This particular patient could make me feel a fool and aroused strong impulses to act as one. She employed many techniques to achieve this, e.g. triumphantly showing me to be pretentious, arrogant, and presumptuously omniscient. She knew the truth; I did not. Not only was I the fool but she emerged the victim of her analyst and of her current persecutors. When my interpretations were integrative and constructive she would react with a negative therapeutic response, thus undoing the analytical work. She started her analysis practically mute and with a stammer, but she became articulate, even fluent. However, it could be seen that she was using words in a particularly precise way allowing of no ambiguity, no reference to any person or event other than that with which she was immediately concerned and with no indication of emotion or need. Like Humpty Dumpty in *Alice Through the Looking Glass*, "when she used a word it meant just what she chose it to mean—neither more nor less". She maintained an idealized transference to me but would not acknowledge negative feelings or recognize their expression in her treatment of me and the analysis.

It could be seen that her attacks were directed towards her analyst's ability to bring things together—to make links, as described by Bion—and their aim, in addition to making the analyst feel a fool, was to fool, to deceive. She needed to conceal from me certain extremely painful experiences in her life, notably illegitimacy, sexual assault and madness, being convinced that if I knew I should disown her. More importantly her unconscious aim was to remain

ignorant of her own destructiveness, hate, envy, jealousy, and greed. When she came near to experiencing such emotions she became depersonalized and subject to fugue states. The effect was of an uncomprehending fool or someone mentally inaccessible, even physically absent. In order not to know, she got rid of her memory, identity and mind and, with suicidal attempts, her body and life. When she recovered from these episodes she had no memory of them and was profoundly split.

Behind her aim in using words to vitiate the effectiveness of my interpretations another was revealed when she told me she had been hallucinated all her life. There was a constant barrage of voices which had to be listened to intently in order that the identity of the speaker and the meaning of the words be determined. These voices were mocking, derisive, accusing, and condemning. Her own communications to me had to be rigorously precise, lest she expose herself to the attacks of these figures. My own communications to her had to be similarly controlled lest I say what the voices said. This recalled an event of which she had spoken previously. She had been brought up from babyhood by various aunts and servants and had never seen her own mother though she had repeatedly asked to be allowed to. At 6 years she went into hospital for tonsillectomy and the anaesthetist, unaware of the child's background, said she was to go to sleep and when she woke her mother would be there. The child's disappointment was intense and from that time she never expressed her wishes to see her mother to anyone or allowed herself hope of finding her.

These longings had become split off and repressed but at the first interview I, her analyst, was chosen to be her ideal mother. I was told of this but the fantasies and wishes concerning me were withheld. They would, however, be acted out at the end of a session.

Briefly summarized, the enactments expressed the impulses to be part of me and my life. Because of the violence of the impulses and my inevitably inadequate response, I was experienced as rejecting and derisive thus utterly humiliating her. She would vow that she would never again

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

tell me anything and was arranging to kill herself. I had become the personification of the hallucinatory figures.

Bion has described the earliest link with the mother being achieved by means of projective identification whereby the infant seeks to rid itself of overpowering dread. Denial of the normal use of projective identification leads to the establishment of a primitive superego which in its turn denies further employment of this mechanism. My patient, seeking to make the link with me, the idealized mother, exposed herself to the original disaster when her need was not met and from which the primitive superego arose. The narcissistic wound was reopened.

As I see it, the developmental defect in the fool lies in the early experience of disaster when an attempt was first made to make a link with his first object. The primitive superego so formed is set up to guard him from repetition of this

disaster. The fool is nihilistic because he must destroy links in order to save himself. He is not amoral, for he is enslaved to a superego as harsh in its cruelty as it is exacting in its idealism. If the fool is to change—as he can in analysis—he must come to recognize that he cannot maintain the omnipotent fantasy that he knows all, for until he acknowledges that he does not, he cannot learn. He must repeat in assimilable doses the original disaster whereby he comes to experience the hitherto split-off impulses and effects. This sets in motion psychic changes which allow internalization processes to take place and better identifications to develop. Depression comes to the fore with possibilities of reparation. His internal figures become more human and his superego more humane. The humiliation of the narcissistic wound is modified and arrogance becomes humility.

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ARCHAIC FEATURES OF EGO FUNCTIONING¹

CHARLES BRENNER, New York

In psychoanalytic discussions of the ego and its functions, emphasis is usually on those aspects of ego functioning which may be characterized as mature or adult as opposed to childish or infantile. The present paper focuses attention on a different point of view, one neglected in recent years. It aims to draw attention to the fact that many features of normal, adult ego functions should properly be labelled as archaic or infantile. Many infantile features of ego functioning normally persist into adult life and play their part along with other features which are acquired later in the course of development.

We are familiar with infantile features of ego functioning in mentally ill patients. For example, a phobic patient has mutually contradictory, conscious ideas about objects he neurotically fears. This lack of integration of ego functioning we customarily call pathological; *normally*, we say, integration, consistency and logic are characteristic of the adult ego. As examples of this view the following quotations are offered.

After the development of the secondary process, the ego can no longer tolerate contradictions within itself (Fenichel, 1938).

... the "need for synthesis" of the adult ego ... always forbids the juxtaposition of what is incompatible (*ibid.*).

"Denial in phantasy"...after the earliest period of childhood ... comes into conflict with the need for synthesis pertaining to a more mature ego adapted to reality (Kris, 1938).

Drive representatives and affects of opposite quality, such as love and hate, active and passive, masculine and feminine trends, exist peacefully side by side in the id while the ego is immature. But they become incompatible with each other and turn into sources of conflict as soon as the synthetic function of the ego is brought to bear on them (A. Freud, 1965).

We wish to challenge this view and to raise the question of whether it is really true that logic, consistency, and consonance with reality are the norm for an adult ego and that deviations from

this norm are regressive (Kris, 1934) or pathological.

As an example, consider man's attitude toward death. In early childhood the concept of one's own death is meaningless. It acquires meaning gradually as we mature. Since it often unconsciously comes to symbolize castration, object loss, and loss of love, it is not surprising that in adults thoughts of death are associated with conflict and anxiety. What we wish to emphasize, however, is that, as a result, even a normal adult's attitude toward death is far from being logical, consistent and integrated. Childhood attitudes persist into adulthood and exist unchanged alongside more mature attitudes: every adult knows he will die, yet when he consciously thinks about death, his first thought is often that his own death is impossible. One must deliberately correct one's spontaneous attitude in order to be realistic. Thus the final adult attitude is a combination of mutually inconsistent and unreconciled ideas—an addition of what was acquired later to what appeared earlier, without full harmonization or integration of the two.

Dynamically the situation is similar to what exists in such illnesses as phobias. The unconscious forces responsible for lack of integration and for persistence of infantile attitudes are doubtless the same in the normal as in the pathological: e.g. fear of castration, separation, and loss of love. Yet one hesitates to class as pathological a disbelief in the possibility of one's own death, since it is so widespread. Perhaps it is more accurate to recognize that disharmony, inconsistency, disregard of external reality, and other similar traits are characteristic of normal adult ego functioning to a greater extent than usually realized.

As further evidence to support such a view, consider the case of words with two opposite meanings. The use of a word to mean its opposite is usually considered characteristic for the id (primary process mentation). It is not likely to be attributed to normal, adult ego functioning.

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

Yet in fact it can be observed as an everyday characteristic of the adult ego (Brenner, 1955). In ordinary conversation the word "yes" means either assent or dissent. One must decide which of the two opposite meanings the speaker wishes to convey by the context. Sometimes the tone of voice, or a special emphasis helps one to decide, but not always. The same is true for many other words in conversational speech. One is often dependent on context to decide whether a word is to be understood as meaning what dictionaries say it means, or the opposite. When does "important" mean "important" and when "unimportant"? The same for "long" and "short", "good" and "bad", etc. The archaic tendency to use a word to signify its opposite must, it seems, be recognized as a part of adult ego functioning; it cannot be relegated to the id, to the admittedly infantile. In addition, our own conscious attitude to this linguistic tendency affords an example of unrealistic and inconsistent ego functioning of another sort. We accept the definitions of the lexicographers although we use the words to mean not only what the lexicographers say they mean, but the exact opposite as well. Does not this demonstrate a substantial departure from the need for harmony, logic, and realism which is theoretically characteristic of the adult ego?

In fact there seems to be little evidence of a need for consistency or realism in most adults. It is more often a demand from without than a need from within. In the absence of such an external demand, inconsistency, illogic, and disregard for reality are as natural to the adult ego as we consider them to be to the child or to the id.

For example, the atheist calls on god and curses in his name, thus demonstrating simultaneous belief and disbelief. Such inconsistency is readily tolerated by a normal adult; it is the rule, not the exception. A similar inconsistency characterizes believers. Practising Catholics, for instance, are enjoined from superstitions and magical beliefs. To the outsider it is apparent that the communicant who conforms to this injunction disbelieves in magic at the same time as he believes in it; he scorns superstitions about spiders or black cats while believing that the proper incantation will induce the spirit of god to obey a priest's request that it enter a church. The obvious inconsistency is readily tolerated by the normal adult. Likewise the religious jew abhors the worship of idols while venerating the receptacle for the torah and the scroll itself. And in the field of political ideology

the orthodox Marxist decries dogmatism while accepting Marx's writings as dogma.

It should be emphasized that in all these cases, what is at issue here is not a judgment concerning the validity of these beliefs. The point is rather that there is no evidence of a need for adults to be consistent or logical, as is often assumed. Nor are inconsistency and illogic restricted to the areas of religion and politics. We are all prejudiced against strangers and foreigners, for instance, even though we are convinced that such prejudices are wrong and undesirable. As analysts we assume that in each individual a prejudice, like a religious or political belief, has strong unconscious forces that determine its nature and intensity and that are related to the psychosexual conflicts of childhood. This is not, however, what concerns us here. Our concern is to demonstrate that inconsistency is normally characteristic of adult mental life.

Still another example may be further illuminating. In our society, particularly in intellectual, scientific circles, belief in magic is frowned upon, apart from religiously institutionalized magic. For us, there is a considerable narcissistic premium involved in giving up or repressing childhood magical beliefs; and, *vice versa*, to admit openly to having such beliefs would be felt to be shameful. However, in non-intellectual circles in our own society, and perhaps in intellectual circles elsewhere, such beliefs are widely held and publicly acknowledged. Our daily newspapers carry horoscopes. In India astrology is still as accepted by educated sophisticates as it was in the Western world till recently. It makes a strange impression on us to read that Nehru stood on his head for twenty minutes daily or that Indian businessmen consult astrologers. *We* should be ashamed to do such things; but not because we are so much more mature than Nehru or many other Indians. It seems rather to be because in our case external disapproval would make us ashamed, whether actually as adults, or internalized in childhood and functioning as a superego demand within us. Again it must be emphasized that we do not discuss the validity or attitudes under consideration and that we assume that intrapsychic conflict plays an important role in determining each individual's attitude toward these matters, whether that attitude be one of belief or of disbelief. Sceptics and scientists have unconscious conflicts and motives no less than do the believer and the credulous.

It is precisely this fact of mental organization that affords us a plausible explanation of our observations on archaic ego functioning. The psychoanalytic study of the genesis and dynamics of character traits in general has made abundantly clear the relevance of childhood sexuality and related intrapsychic conflict to *normal* modes of ego functioning. Many normal character traits are determined by intrapsychic, infantile conflicts no less than pathological traits and neurotic symptoms. We need not be surprised, therefore, if such conflicts produce other effects in ego functioning as well.

Just as normal and neurotic character traits are alike in their genetic and dynamic relations to instinctual derivatives and to inner conflicts, so, we may assume, are both normal and pathological instances of archaic, infantile modes of ego functioning in adult life likewise related to the same inner mental forces. In either case the normal and the pathological differ from one another in *degree* rather than in *kind*. Normal modes of ego functioning are not wholly free of the archaic, infantile features which characterize pathological manifestations; the differences are relative, not absolute.

To return to the example of belief in science and belief in magic, we suggest that *both* are importantly related to unconscious motives. The belief in omens, perhaps, is related to a need for omniscience as well as to anxiety; the belief in science to the same motives, as well as to other similar ones, such as identification with real or fictional heroes of science, fear of ridicule, etc. Similarly we suggest that the inconsistency is consciously tolerable precisely because it is *not* a source of shame or anxiety. A "need to be consistent" appears to be due to shame or anxiety: either fear of ridicule by current love objects and rivals, or superego condemnation. In other words, the phenomena under consideration are to be explained as consequences of instinctual wishes and conflicts. They are not to be attributed to particular ego functions or needs.

These propositions are not wholly novel. As *clinicians* we know that prejudices, illusions, and irrational beliefs are present in every normal adult. Nevertheless, we talk in our *theory* as though such phenomena were pathological. We consider them to be minor, or subclinical examples of pathology. Is it not more scientific to revise our theory by recognizing that such phenomena are normal in the adult?

May it not even be that the currently accepted assumption of a *need* for logic and consistency for their own sakes is itself determined by unconscious, infantile motives? Perhaps it derives from the normal child's belief in the perfection and omniscience of his parents and from the closely related wish to be grown-up and perfect himself.

Another question that may be raised on the basis of the considerations advanced here is the following. Is the term "regression in the service of the ego" (Kris, 1934) the most suitable one to designate the various phenomena to which we apply it? For example, jokes frequently depend on puns and other plays on words (Freud, 1905). There is no doubt that playing with words and word sounds for pleasure is an activity that begins in early childhood in association with the process of learning language. It seems equally clear that this particular pleasurable activity diminishes in importance, in most cases, relative to the total use of spoken words as the child grows older. However, it is a pleasure that most people never discard or relinquish entirely. It persists in adult life and is as characteristic of it as it is of childhood, even though it becomes relatively less important. Is it not, therefore, somewhat misleading to refer to it as regressive? May not the use of this term encourage the possibility of introducing a concept of normal, adult ego functioning which does not, in fact, exist? Is it not important, particularly for psychoanalysts, to recognize, even to emphasize the degree to which infantile attitudes, activities, and modes of thought continue to play a significant role throughout life in the realm of ego functions as well as in that of the instinctual life?²

Summary

The aspect of normal ego functioning that has received the most attention in recent years in the psychoanalytic literature is that which represents the differences between the functioning of the child and the adult. Granting that these differences are of great importance, it is equally important to bear in mind the degree to which the adult resembles the child. To a great extent, later acquisitions in mental life do not supersede earlier ones. Often they hardly seem to alter them. Instead, the two exist side by side. The objects of the external world are important to a

² Weissman (1968) has also discussed this topic at length in connection with artistic creativity.

child, and to his developing ego functions, principally as sources of pleasure or pain, and they remain so, by and large, to the adult. A realistic view of the world, a concern for logic and consistency, pragmatism, the so-called scientific outlook on life, all seem much less

related to an inherent ego need or tendency for integration, lack of contradiction, etc., than they are to the operation of the pleasure principle: to a desire for instinctual, often narcissistic, gratification and to an aversion from anxiety, guilt, and shame.

REFERENCES

- BRENNER, C. (1955). *An Elementary Textbook of Psychoanalysis*. (New York: Int. Univ. Press.)
 FENICHEL, O. (1938). Review of *The Ego and the Mechanism of Defence* by A. Freud, *Int. J. Psycho-Anal.*, 19.
 FREUD, A. (1965). *Normality and Pathology in Childhood*. (New York: Int. Univ. Press.)
 FREUD, S. (1905). *Jokes and their Relation to the Unconscious*. *S.E.*, 8.

- KRIS, E. (1934). "The psychology of caricature." In: *Psychoanalytic Explorations in Art*. (New York: Int. Univ. Press, 1955.)
 — (1938). Review of *The Ego and the Mechanisms of Defence* by A. Freud, *Int. J. Psycho-Anal.*, 19.
 WEISSMAN, P. (1968). "Psychological concomitants of ego functioning in creativity." *Int. J. Psycho-Anal.*, 49, (this issue).

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COMMENT ON Dr BRENNER'S PAPER¹

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I agree with Brenner that the secondary psychic processes do not exist in a state of separation. The primary psychic processes are always involved in them. For this reason there is a difference of degree rather than of kind. The more secondary process functioning depends on the primary process the more is it pathological.

I agree also with Brenner on a further point. The idea that the adult conscious ego admits simultaneous contradictory beliefs is a fact established from clinical as well as from non-psychoanalytical observations. During the past fifty years, Lévy-Bruhl's researches in ethnology, Piaget's in the intellectual development of the child, William James's in the "stream of consciousness" philosophy have all established this idea. The belief that the ego could think and act perfectly and continuously in accordance with reality, logicity, and consistency is a view we generally come across in obsessive and paranoid patients at the beginning of psycho-

analysis. The defence mechanism employed here is that of idealization.

I cease to agree with Brenner's explanation of the need for logic and consistency. According to what he says, the need would be on the one hand for calculated pleasure-seeking (in accordance with the reality principle) and on the other for avoidance of shame (in accordance with the demands of the superego). But the examples given by Brenner show something else. Nearly all of them consist of linguistic facts: the ambiguity of words, curses, the pleasure of playing on words and in word sounds. In these examples it is not a question of adult or archaic ego functions; it is a question of the fundamental properties of speech. To say least when you are thinking most is a rhetorical practice which the Greeks called "litote" and the English now call "understatement". The curse reflects the magic belief that words give us power over things; but it also reflects the first experience of

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

speaking, finding that the saying of a word evokes the corresponding thing. Concerning the pleasure of playing with words this is deduced from what linguists have recently called the double articulation of the word: speech is a succession of sounds (the phonemic articulation); language is at the same time a succession of senses (the semantic articulation). Playing on words means to pass briskly from a logic of sounds to a logic of sense, and *vice versa*.

I think I can now answer the question posed by Brenner: what is the origin of the need for logic and consistency? The origin is in speech. A child learns logic and consistency at the same time as he learns to express himself, that is to say, at the same time as he can name, classify, transpose things he perceives and emotions he

feels. Yet language teaches the human being a particular and limited logic and consistency which is dependent upon the double articulation of the word and upon style. Primary and secondary psychic processes are naturally involved in speech. Abstract scientific reasoning, hypothetical-deductive thought have built another type of logic and consistency which is composed of secondary psychic processes only. This requires other communication systems, which are less familiar to man and more easily simulated by computers.

Perhaps the logic of everyday language remains the most fruitful kind, for it makes possible artistic creation and the understanding of the human being through language—and thus establishes psychoanalysis.

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EGO ALTERATION AND ACTING OUT¹

MARK KANZER, NEW YORK

The topic of ego distortion was the subject of a panel at the Paris Congress in 1957. The existence of many related terms and concepts emerged especially from an introductory survey by Gitelson (1958), which associates the distortions with other manifestations of ego pathology variously designated as "modifications" (or, in the *Standard Edition* as "alterations"), deformations, restrictions, constrictions, deviations, impoverishment, weakness or immaturity of the ego. Clinically, these conditions, which represent functional disturbances in the activities of the ego, comprise a broad spectrum of disorders, often of the borderline type, which contribute significantly to the phenomenology of acting out.

The source for the notion of ego distortions is frequently given as Freud's 1924 statement:

It is possible for the ego to avoid a rupture in any direction by deforming itself, by submitting to encroachments on its own unity, and even by effecting a cleavage or division within itself (1924, 152-3).

Another and related commentary by Freud, often quoted in the same connection, refers to ego alterations resulting from the habitual use of infantile defence mechanisms which alienate the individual both from his own inner drives and from the external world, so that the ability to function effectively is impaired. This observation is supported clinically by a contrast between a hypothetical normal ego that loyally maintains the analytic pact and an altered ego which deviates from this course (1940, p. 239).

Freud's allusions to the deformed, split, or deviant ego also include "fragmentation" (1933, p. 9), "disruption" (1923, p. 30), "disintegration" (1917, p. 234), "defect" (1926, pp. 155-6), etc., as metaphors and synonyms rather than as specific differentiations. Such terms have been taken up by others for further elaboration. The basic concept is that of ego alteration, which the *Standard Edition* (1937,

pp. 212ff) traces to Freud's writings in 1896 (1896, p. 185; 1950, p. 227). Because of the terminological obscurities, the importance of the subject, and its relevance to certain aspects of acting out, we shall attempt to follow its development in his later work.

Actually, the idea of personality splitting, with an associated impairment of the synthetic functions, can be found in Janet, who invoked constitutional factors in explanation and stressed a resulting predisposition to neurosogenesis (Breuer and Freud, 1895, pp. 45-6, 230). Breuer and Freud interpreted their early findings about the unconscious in terms of a splitting of consciousness or of the ego. In 1896, Freud offered a more detailed and psychoanalytically conceived description of these processes in relation to symptom formation and ego alteration. He postulated that early attempts to ward off self-reproaches through the mechanism of projection would, if unsuccessful, lead to a return of the repressed and to changes in the ego which, in paranoia, took the form of self-aggrandizing and, in depressions, of self-deprecatory delusions.

These propositions, though subjected in later years to further clinical and metapsychological amplifications, were retained in Freud's later writings. "Ego alteration" remained a condition or structural modification associated with impaired functioning consequent upon the use and failure of defence mechanisms. Noteworthy is the inclusion, within the autoplasmic adaptations leading to rupture with the external world, of alterations in the representation of the ego (self) as well as its functions. Concomitant changes in object representations in such delusional formations may also be discovered.

The delineation of an ego alteration with less drastic consequences is to be found in the case of Dora, whose delusions are more restricted and take the form of a "prejudice" that is inaccessible to argument (Freud, 1905, p. 55). This prejudice emerges in the form of obsessional ideas that involve unconscious identifications

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

with the father's love objects (mother, mistress), simultaneously achieving hidden sexual gratifications while warding off guilt by directing the critical functions outwardly. Self-alterations, object-alterations, and distortions of the critical function are involved in a process that Freud calls supervalent or reactive thought—a concept that foreshadows reaction formation and anticathexis. The combination resulted in resistance to the acceptance of insight from the analyst as father-substitute; the unshakable prejudice was acted out in the transference and resulted in the discontinuance of treatment.

Reaction formation, or the reactive alterations of the ego-organization and self-image, received further definition through the delineation of identification as a partial self-alteration on the model of the object and a factor in the origin of character traits. *Totem and Taboo* depicted literal self-alterations through circumcision, hair-cutting, and the knocking out of teeth, by means of which tribal ceremonials (institutionalized reaction formations) permitted the son to gratify through magic, yet realistically refrain from the desire to kill and devour the father. Although delusional self-aggrandizement is retained at the core of the process, an actual modification of the environment (tribal custom) makes a rupture with reality unnecessary. The continued existence of the father counteracts the development of a sense of guilt.

The more pathological import of these tendencies was explored however in Freud's paper on "Mourning and Melancholia" (1917), which describes divisions and deformations in ego (self) and object representations through the observing and critical functions that create split attitudes of idealization and debasement. Mourning illustrates an exaggeration of normal reality-testing processes which regulate the relationship of the self to objects, while melancholia confirms the hypothesis of the more total retreat from reality that Freud had outlined in his 1896 papers.

The ground was being prepared, of course, for the concept of developmental self-alterations as embodied structurally in the recognition of the superego as a component of the personality. In the latter connection, we again find reference to attributes of the distorted and shattered ego: in normal self-criticism, the ego splits itself and indicates the processes that can assume more pathological significance. Where a symptom

points to a breach or a rent, there may normally be

an articulation present. . . . If we throw a crystal to the floor, it breaks; but not into haphazard pieces. It comes apart along its lines of cleavage into fragments whose boundaries, though they were invisible, were predetermined by the crystal's structure. Mental patients are split and broken structures of this same kind (Freud, 1933, pp. 58f).

This "broken ego", as well as features of the superego with which it must seek to coincide, clearly refer to self- and object-representations.

The earlier concept of ego alteration as a grave outcome of this endeavour, has now been modified to include the relatively normal lines of development within the personality that nevertheless constitute potential weak spots in the mental apparatus. While identifications are necessary instruments for growth and adaptation, disorder results if they are

too numerous, unduly powerful or incompatible with one another. . . . It may come to a disruption of the ego in consequence of the different identifications becoming cut off from one another by resistances (Freud, 1923, pp. 30-1).

Multiple personalities may result as the ego "comes apart" into its original identities and these "seize hold of consciousness in turn".

This latter concept is important for an understanding of acting out not merely in relation to the substitution of one ego function for another (memory expressed through action rather than conscious recall) but with respect to the entire structure of the personality as it alternates between the analytic setting and the environment, each of which makes quite different demands for normal functioning and appropriate self-object relationships. "Acting out" assumes forms and meanings which are as various as the defensive and adaptive mechanisms that have become incorporated into the ego's alterations (Freud, 1937, p. 237). One such resulting pattern is provided by fetishism, where an impulsive search for and manipulation of distorted objects serves to balance a precarious equilibrium of self- and ego-organizations. The fetishistic proclivities of a Dostoyevsky are one manifestation of a total distribution of the magical and realistic determinants of his behaviour that attain shifting and successive forms of expression in his multiple personalities as superego-dominated political and religious zealot, ego-dominated artist, and id-dominated gambler (1928, pp. 20-21). Such a viewpoint suggests that psychoanalysis need

not lay down its arms entirely in the comprehension of a writer.

In synthesizing statements that play a prominent part in his last works, Freud puts ego alterations in the foreground of normal and abnormal character formation, stressing (as in 1896) the adverse effects that are the price of security during infantile phases of development, and using their qualitative and quantitative aspects as guides to the analysability, course, and outcome of the individual case. His growing recognition of the inherited equipment of the ego led to distinctions between congenital and acquired ego "alterations" (1937, p. 235), thus raising the question of a comparative basis for the establishment of criteria of normal development.

The boundaries between the pathological and the normal are not strongly drawn,

he declared on another occasion;

... their mechanisms are to a large extent the same, and it is of far more importance whether the alterations in question take place in the ego itself or whether they confront it as alien (1939, p. 125),

i.e. as symptoms. It is

... one of the conditions of our pact of assistance that any such alterations of the ego ... should not have gone beyond a certain amount (1940, p. 179) ...

—a criterion that is not infrequently established on a clinical basis by the degree of acting out.

The search for differentiating characteristics of the normal and the altered ego led to the practically important distinctions between the former as participating with the analyst in a therapeutic alliance "which would guarantee unshakeable loyalty to the work of analysis", while deflections from this therapeutic purpose, as expressed in the transference neurosis, were to be regarded as derivatives of a "deviant" ego (Freud, 1940, p. 239).

With this criterion, the possibility for achieving "advantageous" ego alterations, corrections of the deviations, could be taken up (1940, p. 179). This therapeutic goal had already been considered in the *Introductory Lectures* (1916-17, p. 455), where it was delineated in detail: by suggestion and interpretation, the boundaries of the conscious ego were to be enlarged so that the

libido could be granted outlets for satisfaction and sublimation. Rigid anticathexes and fixed libidinal attachments combined to give evidence of the intractability of infantile ego alterations. Therapeutically, transferences were to provide intermediate steps for ego-realteration—transient structures which, as Freud (1914) had recently shown, revived not only memories but infantile behaviour patterns that were especially significant for the disposition to act out.

More recently, the need to achieve advantageous ego realterations has been seen in a larger context that includes problems of id (Schur, 1966) and superego alterations (Hartmann and Loewenstein, 1962) as well. Thus Gitelson and other members of the Paris panel agreed that for clinical purposes, the diagnosis of ego alteration was too narrowly conceived and should be replaced by one that embraced the operations of the entire personality. Freud himself (1937, p. 224) had spoken in just this sense of personality alteration.

From the structural viewpoint, acting out of the transference relationship is not merely an alternative to verbal recall but part of a total reorganization of the hierarchy of personality functions and structures during treatment, including beneficial as well as resistant aspects (Freud, 1914; Kanzer, 1957, 1966). The paradigmatic acting out of Dora involved not merely a defence against recall in words but a complexity of insufficient motivation (the incentive for treatment having come from the involved and distrusted father), an understandably disturbed functioning of the personality in relation to problems of developing a healthy self-image in an atmosphere of familial pathology, and inadequacies of early analytic technique.

Effective use of the realtering potentialities available through analytic treatment involves full recognition of the artificially induced ego (personality) alterations that are inherent in the therapeutic process itself. The fundamental rule and the conditions of treatment notably inhibit and infantilize important aspects of personality functioning and offer only a limited opportunity for mature aspects in everyday life to come under surveillance. Tributaries to acting out derive from resentment of enforced infantilization and frustration as expressed in release phenomena after sessions, from identifications with the analyst, and from the emergence and working through of hitherto warded-off strivings.

Against this background, efforts at control of such multi-determined behaviour through the

rule of abstinence appear oversimplified and in actual conflict with the theory of analytic therapy. By means of it, infantilization and frustration are extended from the analytic to the external setting; the analyst assumes rather than analyses the prohibiting powers of the original parent (thereby joining in the acting out); impulses that are emerging from substrata of the personality are forced into renewed submergence before they can be recognized and given verbal expression.

Collaborative aspects of the therapeutic alliance inherently offer more effective action controls that diminish the intensity of induced personality alterations within the analytic setting and their capacity to seize control of the motor apparatus on the outside. The incentives for treatment, carried over with the mature aspects of the personality from external reality, share in the observing function with the analyst, enforce the fundamental rule, and facilitate the replacement of resistance with insight. Infantilization and frustration are counterbalanced in this way by maturation and satisfaction which, conveyed to the outside world, promote the recognition and control of newly-released infantile urges. Had Dora, for example, been drawn into a collaborative attitude toward therapy, the areas of transference resistance and acting out would have been more restricted and more readily controlled.

To reformulate Freud's earliest description of ego alterations from structural and adaptive viewpoints, it might be said that the need for treatment makes its appearance at the point where reproachful observing and critical tendencies directed against others encounter influences that force them back upon the self and demand its alteration. The conflicts between object-alteration and self-alteration which in the past have led to pathological compromises may be carried on more openly in the analytic setting. The functions of the ego, shared at first with the analyst, are increasingly freed so as to participate in arriving at rational solutions which include controlled motility in the outside world. Correspondingly, acting out—in the narrower sense, transference-dominated action that presents resistant features or, in the larger sense, action dominated by considerations of inner rather than outer reality-testing—gives way to insightful and appropriate motility. This can be fully achieved in the end only when the patient has replaced identifications with an autonomous identity and exercises for himself the functions

delegated to the analyst as a temporary expedient in the course of therapy.

Summary

1. Variants of the term "ego alteration" (or modification) have been surveyed in relation to the development of this concept in Freud's writings. The nucleus is to be found in the description of autoplasmic adaptive changes within the self-representations and the ego-organization, pursuant upon the use and especially the failure of early infantile defence mechanisms.

2. More normal aspects of ego alteration were gradually recognized and differentiated in relation to reaction formation, identification, and the formation of character traits. Derivative terms came to include congenital and acquired, partial, transitional, reactive, ego-syntonic, ego-alien, advantageous and therapeutic ego alterations.

3. The pathology of ego alteration was described by Freud with metaphors such as ego-splitting, fragmentation, deformation, distortion, depletion, disruption, and disintegration. Certain of these terms have applicability to the self-concept, others to the functioning of the ego system. All have complementary relationships to object (or reality) alteration and the self-regulatory activities of the total personality.

4. Freud regarded ego alteration as a guide to the analysability of the patient, the course of the procedure and the achievement of results in the form of a normal ego. Differentiation of the functions of the id and the superego suggest that in the structural framework, the distinction between a normal and abnormal personality would more fully embrace the factors involved.

5. The problem of acting out and its modification through treatment is reviewed in relation to these perspectives. Acting out is regarded as transference-dominated motility with resistant features (in a narrower sense) and as action impelled by considerations of inner rather than outer reality-testing (in a broader sense). The process of ego (self-, personality-) realteration requires full understanding of the therapeutically-induced influences of the analytic method itself on the course of acting out. In relation to current notions of personality structure and adaptation, the control of acting out through the use of the principle of abstinence is found to be an undesirable extension of the special conditions of the analytic setting to the external world. The therapeutic alliance, on the other hand, presents

inherent mechanisms of control over action which integrate more advantageously the bonds between proceedings within and outside the analytic session. The ultimate success of

therapy is reflected in the formation of an autonomous personality which is capable of insightful and appropriate action in external reality.

REFERENCES

- BREUER, J. and FREUD, S. *Studies on Hysteria*. S.E. 2.
 FREUD, S. (1896). "Further remarks on the neuroses of defence." S.E. 3.
 — (1905). "Fragment of an analysis of a case of hysteria." S.E. 7.
 — (1913). *Totem and Taboo*. S.E. 13.
 — (1914). "Remembering, repeating and working through." S.E. 12.
 — (1916-7). *Introductory Lectures on Psychoanalysis*. S.E. 16.
 — (1917). "A metapsychological supplement to the theory of dreams." S.E. 14.
 — (1917). "Mourning and melancholia." S.E. 14.
 — (1923). *The Ego and the Id*. S.E. 19.
 — (1924). "Neurosis and psychosis." S.E. 19.
 — (1926). *Inhibitions, Symptoms and Anxiety*. S.E. 20.
 — (1928). "Dostoevsky and parricide." S.E. 21.

- (1933). *New Introductory Lectures on Psycho-Analysis*. S.E. 22.
 — (1937). "Analysis terminable and interminable." S.E. 23.
 — (1939). "Moses and monotheism." S.E. 23.
 — (1940). *An Outline of Psychoanalysis*. S.E. 23.
 — (1950). "Extracts from the Fliess Letters. Draft K." S.E. 22.
 GITELSON, M. (1958). "On ego distortion." *Int. J. Psycho-Anal.*, 39.
 HARTMANN, H. and LOEWENSTEIN, R. (1962). "Notes on the superego." *Psychoanal. Study Child*, 17.
 KANZER, M. (1957). "Acting out, sublimation and reality testing." *J. Amer. Psychoanal. Assoc.*, 5.
 — (1966). "The motor sphere of the transference." *Psychoanal. Quart.*, 35.
 SCHUR, M. (1966). *The Id and the Regulatory Principles of Mental Functioning*. (New York: Int. Univ. Press.)

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COMMENT ON Dr KANZER'S PAPER¹

SAMUEL RITVO, NEW YORK

In his paper Kanzer not only points out something of which we have become increasingly aware, that the concept of the ego was present very early in Freud's thinking and writing but also that the concept of splitting of the ego was there early as a form of ego alteration or structural modification with attendant impaired functioning as a result of the institution and failure of defence mechanisms. In extreme instances the splitting and alteration of the ego can be accompanied by alterations of the representations of the ego and the object, resulting in delusional formations.

Kanzer's paper supplements Anna Freud's contribution to the Congress theme of acting out (pp. 165-170), in which she stressed that the return of the repressed, the pressure of the id for drive satisfaction, particularly if the quantitative relations are such that the token gratification offered by the transference does not satisfy them, may seek gratification in action instead of producing memories which can be analysed. She emphasized that what appeared in the transference was not the id derivative but the ego attitude, or ego alteration which appeared originally in the attempt to cope with the drive

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

in the early reality situation of the child. Kanzer's paper focuses primarily on the concepts concerning changes in the ego which result from the persistence or reappearance in the psychoanalytic situation of old ego attitudes dating from infancy and childhood.

I believe a word of comment on the term ego alteration is in order. The word "alteration" implies a condition (of the ego) which is changed or different from some prior or original state. We should bear in mind that in general it refers to what could also be called the process of ego formation. In the analytic situation Kanzer contrasts it with a hypothetical normal ego which loyally maintains the analytic pact whereas the altered ego deviates from this course and manifests itself in acting out as well as in manifold other resistances.

I should like to emphasize here that ego alterations are not linked only to acting out and that Kanzer is only pointing to acting out as one manifestation of ego-alteration in the psychoanalytic situation. The question naturally arises whether specific ego formations and specific ego alterations have a correlation with a special tendency toward acting out in the psychoanalytic situation. Here we find several points of view among analysts. Some analysts (Bird, 1957; Greenacre, 1950) have sought links between acting out and specific patterns of infantile experience. Kanzer himself has argued that each stage of development has its accompanying form and content of acting out.

One of the difficulties of the term ego-alteration becomes apparent when we consider the inherited equipment of the ego, the autonomous ego functions and their wide variations within the wide range of normal. The interaction between the congenital equipment of the ego and the environment produces the broad spectrum of formations or alterations in terms of adaptations, countertransfers, and preferred routes of delay and modes of discharge which result in the broad array of ego attitudes or defects which have such important implications.

An example of one such type of outcome which is significant for the understanding of individuals disposed to acting out has been described by Greenacre (1950) who traced the general tendency to act out to a distortion in the relation of action to speech and verbalized thought arising most often from severe disturbances in the second year. In a case reported from the longitudinal study at the Yale Child Study Center (Ritvo *et al.*, 1963) the influence of the

endowment factors in interaction with the environment in this type of development could be traced somewhat further. A child who at birth showed a motility which was at the upper limit of normal, reared by parents in a fashion which maximized his tendency to motor discharge, showed characteristics in his speech development early in the second year which supported the conclusion Greenacre had arrived at by the reconstruction of childhood development from the analysis of adults. The child in our study vocalized and verbalized early and by 20 months he parroted many phrases as if he understood them. However, he did not use speech primarily for communication except to ask where his mother and teacher were. He knew and used appropriately certain emotionally-charged words and phrases upon occasion such as "love you" and "bad boy". He relied much more on action for expression. In his fourth year when he returned to nursery school after the summer he indicated he remembered people and objects by the way he acted with and toward them. Another study child of the same age, who had given much more evidence at an early age of elaboration and verbalization of fantasy and imagery accompanied by verbal thought, communicated her memory in words in the same situation of returning to school after a summer. The boy continued on a course of development which had many of the features of an acting out impulse disorder. Psychoanalytic therapy from ages 3 to 5 was marked by communicating mainly through the most intense action rather than words, much more than we would normally expect for a child that age. At the termination of treatment at the age of 5 we were apprehensive that he would develop a severe impulse disorder possibly culminating in serious delinquency, but follow-up to the age of 15 reassured us. He sublimated the libidinal and aggressive drives behind the action tendencies into sports and work around the house for which he received much recognition in the home and community. This favourable outcome was made possible by a fortunate consolidation and stabilization of the family which coincided with his entering the latency period.

Such observations underscore the differential contributions of qualitative and quantitative equipment factors in the ego and of experience to those deviations and defects of the ego which in many instances operate as a limiting factor in the degree of reiteration of the ego which can be attained by the psychoanalytic method. When

individuals such as the child I described come to analysis the tendency to communicate through action may not be limited to ego attitudes belonging to the preverbal period but may appear as a general tendency to revert in the transference to action instead of verbal memory. In Kanzer's reference to Dora he brings the example of the normal development crisis of adolescence when the old rents or cleavage lines in the ego are observable once more.

Kanzer's comments about the effects of the rule of abstinence require further clarification and discussion. He says that the efforts at control of the multi-determined behaviour brought on by the conditions of the psychoanalytic situation through the rule of abstinence are intensified and in actual conflict with the theory of analytic therapy. Kanzer then goes on to point out quite clearly that opposed to these tendencies are the more effective action controls

which stem from the collaborative aspects of the therapeutic alliance.

I assume Kanzer to be speaking somewhat figuratively here. When he speaks of the rule of abstinence having the effect of assuming the parental prohibition I take him to mean that he is already speaking of the effect of the psychoanalytic situation in bringing the phenomena of transference into effect and not to the actual imposition of prohibition. It is also not clear which aspect of abstinence he is referring to. Abstinence in the context of psychoanalysis has two referents—abstinence by the analysi from gratifying directly the instinctual strivings of the analysand, or actual imposition of abstinence from gratification outside the analysis. The latter form of the rule of abstinence has undergone changes with changes in analytic technique, particularly with the increased length of analysis.

REFERENCES

BIRD, B. (1947). "A specific peculiarity of acting out." *J. Amer. Psychoanal. Assoc.*, 3.

GRIMMACEP, P. (1950). "General problems of acting out." In *Trauma, Growth and Personality*. (New York: Norton, 1952).

RITVO, S. *et al* (1963). "Some relations of constitution, environment, and personality as observed in a longitudinal study of child development." In *Modern Perspectives in Child Development*, ed Solnit and Provenzo. (New York: Int. Univ. Press).

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ACTING OUT VIEWED IN THE CONTEXT OF THE PSYCHOTHERAPEUTIC HOSPITAL¹

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Once a richly diagnostic term, "acting out" seems to have lost its real meaning and now may imply nothing more than disapproval of the behaviour it describes. Psychiatrists and other professional workers have come to refer to almost any kind of undesirable behaviour as "acting out". Originally, Freud coined the phrase "acting out in the transference" to capture the essence of a highly specific situation which arises in the psychoanalysis of certain patients. In the past fifty years, however, the phrase has been lifted from this specific context, granted a status of dynamic majesty, and applied almost indiscriminately. In this process, the meaning has been broadened, diluted, or entirely changed. Perhaps, something has been gained, in that misbehaviour has been given psychoanalytic "dignity". However, it is very clear that something has been lost in this course of development since the indiscriminate use of "acting out" as a stereotype may actually obscure the meaning of behaviour rather than throw light on its unconscious aspects.

In this paper, I shall restrict myself to a discussion of the conceptual implications of "acting out" in the psychiatric hospital where psychotherapy plays a major role in the treatment of patients. First, I shall propose a definition of the term. Next, I shall review the history of the use of the term. Then, I shall offer certain hypotheses bearing on the metapsychology of acting out. Lastly, I shall try to show how a clearer understanding of true "acting out" behaviour in the hospital should contribute to a rational therapeutic approach for the psychotherapist and the nursing team. Psychoanalytic outpatients, as well as hospitalized patients whose psychotherapy I have supervised at the Institute of Living during the past five years, form the clinical background for this presentation.

What do we mean when we talk about "acting out"? I propose that we return the

phrase, appropriately modified, to its original clinical setting. We should use other terms to describe impulsive behaviour less specific and dynamically different. I suggest, then, that we use "acting out" synonymously with acting out in the transference which refers to behaviour of a patient in psychoanalysis (or insight psychotherapy) which appears to some extent in certain actions rather than verbal expression during particular phases of the transference neurosis. The patient is not conscious of the meaning of his behaviour. These actions may appear incidental and go unnoticed by the therapist and the patient, or they may be persistent, quite prominent, and readily observed. The action develops either within or outside the therapeutic sessions, but in either instance the therapist in reality or fantasy is the current primary object toward whom the action is directed.

The action appears under a variety of circumstances and represents the expressions of dynamically different intrapsychic events. The activity may emerge in place of the recall of highly cathected childhood memories. Here, it is a resistance to the therapeutic effort to make such memories conscious. The activity may appear together with partial recall of memories, suggesting a weakened but active resistance. However, it may also represent a communication to the analyst that cannot be put into words for a variety of reasons other than resistance. The communication may represent a reawakened childhood conflict which was active in a pre-verbal learning period, now played out in the treatment in non-verbal form. It may serve to communicate attitudes and aspects of earlier highly cathected relationships very difficult for the patient to conceptualize or express in words because of their complexity or vagueness. The "acting out" may also contain important elements of learning experiences and represent, in part, the patient's effort to learn something in

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

the context of the transference neurosis that had been learned incompletely or with little satisfaction in childhood. The "acting out" often expresses efforts to make or rework object relationships, as well as identifications, with important childhood figures when these relationships crystallize in the transference neurosis. The identifications and object-relating efforts express both the longings for and unresolved hostilities toward these earlier objects.

According to this concept, then, acting out in the transference is a very complex communication to the analyst, which must be interpreted not according to some preset formula, such as resistance, but in a way that recognizes its multiple functions. To sharpen our theoretical models and develop the most specific treatment approaches, we should clearly differentiate "acting out" which is therapeutically induced from generally impulsive behaviour which is not so specifically related to psychotherapy or psychoanalysis.

Freud first used the term in the context of psychoanalytic treatment in 1905 when he described the disruptive behaviour of his patient, Dora, who "acted out an essential part of her recollections. . . ." She abruptly discontinued her analysis as a manifestation of the resentment transferred from Herr K. to Freud (Freud, 1905). In 1914, in the paper "Remembering, Repeating, and Working Through", he again referred to "acting out" as resistance to the analysis,

... the patient does not remember anything of what he has forgotten and repressed but acts it out (Freud, 1914).

Later, in *An Outline of Psychoanalysis*, Freud (1940) states,

We think it most undesirable if the patient acts outside the transference instead of remembering.

Here, Freud is referring to patients whose behaviour has meaning specific for a particular phase of the analysis. He saw the "acting out" as a resistance which should be analysed. The multifaceted aspects of this behaviour awaited the developing ego psychology for additional elucidation. Alexander (1930) wrote about the impulse-ridden characters whom he called the neurotic characters. He referred to their inability to overcome

the tendency to act out neurotic impulses by a conscious effort of will. . . .

Here, the concept is divorced from the analytic situation and the "acting out" is viewed in the much broader sense of the living out of unconscious conflicts. This more general usage characterizes the majority of the subsequent literature. However, in a discussion of different forms of transference, Anna Freud (1937) listed "acting in the transference". She held to the earlier definition in the sense that she linked "acting out" to the analytic situation. In 1945, Otto Fenichel published a summary paper, "Neurotic Acting Out". He drew a very broad picture, spelling out criteria and preconditions for all neurotic "acting out". He emphasized that the actions relieve inner tension by bringing partial discharge to warded-off impulses and their derivatives. The current discharge in action is made possible by the associative links between a current situation and the repressed content, the cathexis being displaced from the repressed memories to the present derivative. In 1957, Ekstein and Friedman described "Acting Out, Play Action, and Acting" from the standpoint of stages of ego development, learning, organization of ego functions, and levels of communication. Bellak (1963) has reviewed the multiple uses of the term, emphasized the special role of action in the childhood development of these patients, and formulated certain generalities about treatment approaches in line with his theoretical ideas. Greenacre (1950, 1963) postulates that patients with a tendency toward impulsive behaviour may have experienced disturbances in the oral period, characterized by repeated and special emphasis on visual stimulation with a resultant bent for the dramatic and a largely unconscious belief in the magic of action. There is general agreement among the various authors concerning the broad concept of alloplastic behaviour. However, there is less agreement about the need to separate the patients who act out only during the course of an analysis from patients who habitually use action instead of words to express conflict. Michael (1958) and participants in the 1957 American Psychoanalytic Association Panel on "Acting Out and Its Relation to Impulse Disorder" did make important distinctions between these two groups of patients (Kanzer, 1957). These distinctions should be underlined for two very vital reasons. First, we must develop a much more complete metapsychology of impulsive behaviour than we

have at present. Second, from this deeper understanding, we can construct more specific and rational treatment approaches. The complex treatment problems presented by the troubled adolescents and young adults in our psychotherapeutic hospitals emphasize our need for clear thinking.

I suggest that patients who act out in the transference and those who are generally impulsive differ in respect of their genetic background and psychic structure. For the sake of clarity in this presentation, "acting out" patients are described as being very different from those who are frequently impulsive, irrespective of treatment. However, it should be realized that both groups are spread along a continuum and many patients manifest aspects of the psychopathology of both groups.

The genetic background of patients with generally poor impulse control suggests they have had childhoods marked by grossly distorted learning experiences concerning the relationships between action and words. Carroll (1954) suggests that these children were made party to duplicitous relationships between the parents, especially in the second year. It is my view that distorted word-action learning experiences began very early, continued throughout the patient's childhood, and were quite characteristic of the crucial parental relationships right through adolescence.

In the acting out patients, these genetic defects are much less striking and emerge largely under the regressive influence of the transference neurosis. This behaviour has a more neurotic quality, in that the patient is more likely to repress some aspect of it and experience anxiety and guilt when the analyst focuses on it. The history suggests lesser degrees of family disturbances with less blatant word-action distortions between parents and between parents and child. Here, the early learning experiences of these children suggest that action supplements the meaning and purpose of verbal communications but does not contradict it or even replace it, as seen in the previous group. The very appearance of the acting out in a specific treatment phase often suggests these supplemental learning, identifying, and mastering qualities.

The generally impulsive patient usually demonstrates severe character pathology. As indicated earlier, the genetic background suggests fundamental learning distortions. Words are learned by the growing child as he associates them with specific acts, attitudes, feelings. The linking of

word with thing is a vital ego function, and as the ego matures the linkages become increasingly intricate. The solidity of this process depends, in part, on the consistency with which word and thing can be paired. If the parent says "no", then conveys "maybe" or "yes" in his actions, a distortion develops as the immature ego tries to integrate this and previous experiences with his parent and other figures. When messages repeatedly convey that action and not the word is the "real" element in a communication, the ego may not make the usual energy modifications to invest the corresponding word with adequate affective charge. Rather, action is the more highly cathected, and the reproduction of action becomes the more meaningful way of identifying with and relating to this object. In addition, this dissonant word-action link becomes a misshapen tool which is used to construct distorted new learning experiences and relationships. Thus, these economic and dynamic disturbances lead to interlocking structural ego modifications. Such interactions outlined above also result in disrupted superego identifications. These defects lead to varying degrees of impaired object-relating capacities. There are inadequately-formed structural controls to bring about the required neutralization and preside over the needed delays and detours. As a result, libidinal and aggressive drive derivatives are discharged explosively, unevenly, and with poor direction.

The "acting out" patient whose impulsive action tendencies emerge only during a specific treatment phase does not have such severe character pathology. His behaviour does not reflect such a fixed pathological relationship between the structural agencies. Rather, the appearance of the "acting out" behaviour suggests a dynamic, experimenting, learning process which is set in motion by the transference experience. The patient's activity is much more circumscribed and explicit, more ego-alien and neurotic, reflecting a more highly developed capacity for object relationships and a more successfully integrated system of delays, detours, and controls.

With these theoretical ideas in mind, we may construct a continuum of intrusive behaviour. One basis for such a continuum is the degree to which the ego makes syntonic the intruding action-oriented drive derivatives. At one end of this continuum we could place a kind of behaviour which I call *living out*. This refers to well-integrated relatively syntonic patterns of action, seen in the well-compensated personality

pattern disturbances. While integrated, this behaviour is a manifestation of unconscious conflicts. Next, there are the *parapraxes*, the slips, forgettings, the symptomatic acts which are more clearly intrusive and experienced as ego-alien. These have little clinical importance outside their classical significance. The true *acting out* behaviour, in the sense of this paper, would follow. Here the intrusive aspect of the action is quite apparent, but it occurs in a state of the temporary ego regression occasioned by the transference neurosis. Near the other end of the continuum are the *episodic impulsive acts* (acting up), which reflect transient ego disequilibrium or mild structural defects. At the end of the continuum stands *generally impulsive* behaviour indicative of major ego and superego defects.

Rational treatment approaches to acting out and the generally impulsive behaviour should follow from these theoretical considerations. I believe they do. The necessary distinction between the two groups can be made by the psychiatrist and his therapeutic hospital team only if they keep in the field of the wide-angle diagnostic lens the patient's total hospital behaviour. This means frequent effective communication between the therapist and the nursing personnel.

The generally impulsive patient who misbehaves in a wide variety of situations is giving evidence of serious ego defects. For whatever reason, his psychic structures cannot deal with any significant level of anxiety, and discharge takes place too readily in the form of massive, poorly integrated action. The anxiety may be heightened by the erotic or aggressive aspects of the transference, or it may be related to conflicts intensified by relationships with other patients or staff members. There is a transference aspect to this behaviour, but that is not the whole story. The transference is not crystallized into a transference neurosis which can be confined to the psychotherapeutic (or analytic) relationship. The ego's energy manipulations and object-relating capacities are not well enough developed for that degree of differentiation. Hence, the therapist cannot expect to interrupt the disruptive action patterns via a series of transference interpretations. Such an effort does not take into account the nature of the psychopathology at issue here. The therapist must educate his staff team to see the need for externally-imposed controls in addition to his efforts to interpret to the patient the various aspects of his behaviour.

The patient needs to learn the limits within which he must live. This will call for a good deal of activity on the part of the therapist, often in terms of explaining and teaching social proprieties. In part then, this is an educational programme in which realistic and especially clear limits are set by the entire therapeutic team. These external controls must be held until there is some evidence that there have been intrapsychic developments that will allow the ego to assume this control. Indications of such change may be sought in the patient's inclination to reflect in psychotherapy his capacity to postpone actions, experience anxiety and guilt, and consider the feelings of fellow patients or staff members.

The therapeutic work with the patient who acts out follows a different course. We are dealing with someone with greater structural intactness whose impulsivity emerges in the specificity of the treatment situation. The most therapeutic response to acting out in "pure culture" is a well-formulated interpretation of the transference. This is not to say that a single, well-timed interpretation is all that is needed. On the contrary, the interpretations will have to be made repeatedly and in such ways as to include the various levels of the patient's actions. The desired result is the patient's increased capacity to confine his symptomatic activity to the relationship with the therapist within the therapeutic session. As more adequate affective expression becomes possible, the action language becomes less necessary. The working through of this process may take a considerable period of time. Since ego controls are usually adequate, the patient's behaviour is not seriously destructive. External controls are usually unnecessary. As a matter of fact, the unnecessary imposition of control clouds the issue. It encourages regression and fosters displacement of the conflict away from its current source. The conflict will then persist as repressed psychopathology not brought within the range of the psychotherapeutic transaction.

Summary

There are distinct theoretical and practical advantages to restricting the use of the term "acting out" to its original meaning, "acting out in the transference". Acting out is seen as more than resistance to therapy. It contains the reworking of early identifications, learning experiences, and efforts at mastery. Acting out

and generally impulsive behaviour differ in their genetic, dynamic, economic, structural, and adaptive aspects. They can be placed on a continuum of intrusive behaviour. Therapeutically, interpretation of the transference-centred

conflict is the most useful intervention in acting out behaviour. Interpretation plus imposition of temporary controls are required for the realistic treatment of patients with generally impulsive behaviour.

REFERENCES

- ALEXANDER, F. (1930). "The neurotic character." *Int. J. Psycho-Anal.*, 11.
- BELLAK, L. (1963). "Acting out: some conceptual and therapeutic considerations." *Amer. J. Psychotherapy*, 17.
- CARROLL, E. J. (1954). "Acting out and ego development." *Psychoanal. Quart.*, 23.
- EKSTEIN, R. and FRIEDMAN, S. W. (1957). "Acting out, play acting, and acting." *J. Amer. Psychoanal. Assoc.*, 5.
- FENICHEL, O. (1945). "Neurotic acting out." *Psychoanal. Rev.*, 32.
- FREUD, A. (1937). *The Ego and the Mechanisms of Defense*. (New York: Int. Univ. Press, 1946).
- FREUD, S. (1905). "Fragment of an analysis of a case of hysteria." *S.E.* 7.
- (1914). "Remembering, repeating, and working through." *S.E.* 12.
- (1940). *An Outline of Psychoanalysis*. *S.E.* 23.
- GREENACRE, P. (1950). "General problems of acting out." *Psychoanal. Quart.*, 19.
- (1963). "Problems of acting out in the transference relationship." *J. Child Psychiat.*, 2.
- KANZER, M. (1957). Report of a Panel on "Acting out and its relation to impulse disorder." *J. Amer. Psychoanal. Assoc.*, 5.

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COMMENT ON Dr WOOD'S PAPER¹

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It is always a difficult task to discuss a paper with which one agrees in principle. This is the case at present because I must begin by admitting that, by and large, I share Wood's conception of acting out and the part played by this expression in the therapeutic situation. Thus, apart from an isolated objection on principle, I must limit myself in the discussion to consideration of certain questions of detail.

As far as I can see, Wood's paper is subdivided into four sections: In the first, the author attempts to define the expression "acting out". In the second, he gives a historical review of how the expression has been employed through the years. In the third, he propounds a series of hypotheses concerning the metapsychology of acting out and, finally, in the fourth section, he attempts to show how clear understanding of the

expression acting out and behaviour in a psychotherapeutic hospital can contribute to a more rational therapeutic approach, not only for the psychotherapist concerned but also for all the staff involved in treatment.

As regards the definition of acting out, it is satisfying to observe that Wood has returned to Freud's original conception of this expression as he emphasized it in 1905, in 1914, and on several other occasions: acting out is the opposite of remembering and it is extremely undesirable for the patient to act out in a transference situation because it spoils his ability to remember.

Wood maintains this definition in his paper although on an isolated occasion he does succumb to the influence of those who have since extended the meaning of the expression acting out. For example, when he says that acting out

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

is then being used synonymously with acting out in the transference

which refers to behaviour of a patient in psychoanalysis, which appears to some extent in certain actions rather than verbal expression. . . . The action develops either within or outside the therapeutic sessions. . . .

In my opinion, however, acting out outside the transference relationship is not acting out in the real sense of the word and, for didactic reasons, this should be borne in mind. Acting out outside the transference should always be called "impulse behaviour" or, as Wood calls it, "intrusive behaviour".

I consider that it is obvious that, as Wood points out in his review, both Alexander and Fenichel have deviated greatly from what Freud originally understood by "acting out". The question arises whether a great deal of the confusion reigning among psychotherapists not trained in psychoanalysis concerning the therapeutic effect of acting out has not its origins in the opinions of these two authors.

Alexander's impulse-ridden characters, whom he also calls neurotic characters, have given rise to great confusion among the expressions. It is not unusual to meet the interpretation that behaviour dominated by defective control as regards temptations, by protests towards disciplinary measures, by tendencies to explosions of affect and by other signs of defective intrapsychic inhibition should be termed character neuroses. This is most unfortunate. A character neurosis is a condition characterized by inhibition and limitation in the ability to expand the personality, particularly the ability to satisfy urges and needs; and it occurs as the result of feelings of anxiety and guilt.

The reverse holds for patients characterized by defective inhibitory mechanisms towards impulsive tendencies and with defective ability to tolerate restrictions enforced from outside. Such patients are completely different from character neurotics and should be termed, as Alexander did, "impulse-ridden personalities" or, in Danish, "psychopaths", but *not* "neurotic characters".

In Wood's third section, after a series of interesting metapsychological deliberations, he attempts to establish a continuum. I am not personally a particular adherent of continua, which are very fashionable at the moment. Frequently, such continua obscure our own fear

of admitting our defective knowledge and insight. There is a Danish proverb: "Snip a heel and cut a toe" (i.e. mutilate to make them fit) and I consider that that is what continuum postulates frequently do.

Wood establishes a continuum here as regards "intrusive behaviour" in which, at one extreme, he places behaviour which he terms "living out" (this must be the purely neurotic patient) and, at the other extreme, "generally impulsive behaviour" and between these two extremes he places (i) parapraxes, (ii) true acting out behaviour, (iii) episodic impulsive acts (acting up). One of the reasons that I question the value of the establishment of this continuum is a condition that Wood himself mentions repeatedly, i.e. that the two extreme groups differ in respect of their genetic background and psychic structure. In my opinion, this difference is as much qualitative as quantitative. If it were merely quantitative, then I would agree with Wood that a continuum could be established with advantage, but conditions are such that the ego and superego defect which characterizes the impulse-ridden personality is not encountered in the acting out patient or in the neurotic patient.

It is correct that both impulse-ridden personalities and neurotic personalities have a considerable common basis in their intrapsychic conflicts but they represent two principally and essentially different conflict solutions and should not, therefore, be placed on the same continuum.

In the final section of his paper, the author considers which psychotherapeutic parameters should be employed in the different aspects of the personality types on his continuum. He correctly draws attention to the fact that genuine transference neurosis cannot be found where the generally impulsive patient is concerned. Nevertheless, he proposes that, parallel to the externally-imposed controls which should be established, attempts should be made to interpret to the patient the various aspects of his behaviour. I must admit that I do not believe in this procedure because it is my opinion that interpretation is in vain and wasted in a situation which is overloaded with excitement and emotions. On the other hand, I quite agree that what we can do is to try to set up a realistic disciplinary environment in which increasing demands are made upon the defective ego by the entire therapeutic team. Occasionally we do, in fact, experience patients who become motivated for genuine psychotherapy.

I cannot omit, in this connection, to mention

Dr Stürup, psychiatrist-in-charge of the well-known institution for criminal psychopaths in Herstedvester. When I worked as a resident in his extraordinary institution, he used to say that our aim must be to try to neurotize our impulse-ridden psychopaths! It is true that we have to work out a much more complete and definitive metapsychology of intrusive behaviour either in or outside our psychotherapy. This should perhaps be outside the analytic setting in particular. This is simply necessary in order to cope with all the huge psychotherapeutic prob-

lems which we must face nowadays. Wood mentions, for example, the numbers of troubled and disturbed youngsters who are occupying increasing numbers of places in our psychotherapeutic hospitals and institutions. To put it mildly, neither our philosophic nor our therapeutic instruments are capable of fulfilling the demands made upon us. It is to be hoped that this congress will be able to contribute towards further clarification and formulation of the concept "acting out".

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COMMENTS ON THE PSYCHOANALYTIC PSYCHOLOGY OF ADAPTATION, WITH SPECIAL REFERENCE TO THE ROLE OF AFFECTS AND THE REPRESENTATIONAL WORLD¹

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I

In the first phase of Freud's psychoanalytic thinking³ he elaborated a model of pathogenesis based on adaptation to an external traumatic event or to the memory traces of such an event. The early model of the neuroses can be defined in terms of pathogenic adaptation to the after-effects of a particular reality event or to experiences deriving from the real world. The model of hysteria at this time was that its manifestations were an outcome of affect generated by an external traumatic experience occurring while the subject was in a hypnoid state of diminished consciousness. The affectively-charged memories were warded off as incompatible with consciousness and the hysterical symptoms emerged at a later time as symbolic representations of the repressed memories. Cure was through catharsis of the affect. Central to this pre-drive phase of Freud's theory was the role of affect as a response to any sort of stimulation. Although "affect" had for him a number of different meanings during this phase, it was mainly equated with a sum of excitation which was displaceable and sought discharge. It is of interest that Freud saw the dissociation of the affectively-charged memories of the trauma as an active process rather than as a reflection of weakness of the mind, the view of dissociation held by his French psychiatric teachers. Active dissociation (seen as one of the forms of defence) could thus be regarded as a form of adaptation to internal processes set in train by external reality.

A central idea in this phase was that affect pressed for discharge in some form or another,

and this, of course, can be related to the principle of constancy, a principle which was consistently reflected in Freud's theoretical views throughout his scientific life.

The decisive event of discovering that hysterics were suffering from fantasies rather than from memories of traumatic experiences (Freud, 1950, Letter to Fliess, 21 September 1897) led to the beginning of the second phase of psychoanalysis in which the major theoretical emphasis was on formulations relating to unconscious wishes, a phase which lasted through to the early 1920s. During this time Freud developed the concept of a defensive apparatus whose main task was ultimately to protect consciousness from conflict aroused by alien drive-invested memories and fantasies. Whereas previously quantities of affect were regarded as the energetic forces in themselves, affect now assumed a role as an indicator of a quantity of drive energy or as a measure of the demand for work made by the drive, i.e. of the pressure of the drive. Inherent in this theory was the view that the affect measured the extent to which the drive was dammed up, and that drive energy could itself be transformed into affect. This is the first theory of anxiety, in which anxiety is seen as transformed libido.

In this phase of Freud's thinking, adaptation to external reality was not his major concern, although certain formulations were made relating to the development of secondary process functioning, to that part of the system Pcs (which was to become the ego in the structural theory) and to the development of the reality principle

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³ For a detailed description of the phases in the development of Freud's theories see Rapaport (1953, 1959) and Hartmann (1956).

out of the pleasure principle. Although Freud was considering aspects of adaptation to reality, the reality principle was seen mainly as a modified pleasure principle, a roundabout way of gaining that state of energetic equilibrium which was an inherent aspect of the pleasure principle. Another way of putting this homeostatic principle is to be found in Freud's remark in the "Narcissism" paper (1914) in which he suggested that the development of the ego could be seen as a consequence of disturbances of the state of primary narcissism and represented a roundabout way of attempting to regain that original state. There his conception of narcissism can be seen not only in terms of distribution of libidinal energy and energetic equilibrium but also in terms of maintaining the feeling state which existed in the child during the earliest period of its life.

Towards the end of the second decade of the century, for reasons which have been described in detail by Hartmann (1956) and Rapaport (1959), his attention concentrated once more on that part of the mental apparatus which was concerned with defence. It now became apparent that this part of the apparatus was not solely concerned with defences against the instinctual drives or their representatives and derivatives, but was also concerned with adaptation to the demands of the conscience on the one hand and reality on the other. Although there was this shift of emphasis in the latter part of the second phase, affect remained drive-linked throughout, and the consideration of its role in regard to adaptation did not undergo any substantial development.

In *The Ego and the Id* (1923) and in *Inhibitions, Symptoms and Anxiety* (1926) the third phase was introduced. Here the ego is defined as a coherent organization of mental processes organized primarily around the perceptual system, but including the defensive structures as well. In addition to being able to transform instinctual energies for its own purposes, the ego was thought to possess neutral energies of its own. It was no longer seen as totally subservient to the drives, but could automatically instigate defensive activities via the anxiety signal. There is here a change in the role attributed to affect, but one which was only partially made explicit, as his main considerations related to the specific

affect of anxiety. The view that affect arises within the ego as a response to a stimulus represented a fundamental change in his theoretical conception (the second theory of anxiety). It can be generalized within a far more extensive model of mental functioning. The second theory of anxiety saw the affective anxiety signal as being prompted by the threat of danger from any source. Affect was therefore partially removed from its total link with the drives and by implication given an important role as a mediator of adaptation. The part played by the ego is clearly seen as that of negotiating adaptation, adaptation conjointly to id, superego and reality. The feeling component of affect⁴ is unambiguously located in the ego, and although Freud dealt for the most part with the unpleasurable feelings of anxiety and pain, the change of view inherent in the new theory of anxiety in 1926 is of general application to the whole theory of adaptation.

II

Many authors have made significant contributions to the theory of adaptation since Freud. The extension of the concept of defence to include defence against external dangers connected the defence concept now more intimately with adaptation in general, leading to the increasingly accepted view that the mechanisms of defence are special applications of more general adaptive techniques. In general, the functioning of the ego as the main instrument of adaptation has been given increasing importance in recent years. As Hoffer put it (1954):

From the year 1920 onwards the concept of defence had to be widened beyond that developed from the field of psychopathology. The concept of the ego and the understanding of the varieties of mechanisms which it uses in mediating between inner sources of tension, i.e. the instinctual drives and outer reality, has come to occupy a place in psychoanalytic thinking of equal importance with that of the theory of instinctual drives.

Hartmann (1939) has placed special emphasis on the innate development of the ego apparatuses of primary autonomy and the innate origins of what was to become, during the course of the

⁴ Freud was fully aware of the problems which existed in connection with the biological bases of affective experiences. He partially dealt with these by reference to "affective symbols" which represented situations of danger (1926, p. 94). We would nowadays speak of feelings as "affect-representations", and distinguish, as

Freud did, between the feeling (representational) aspect of affect and the physiological processes which may be functionally or genetically linked with it. In the second theory of anxiety the feeling-representation is given particular emphasis, especially in its role as a signal.

child's development, the conflict-free sphere of the ego. In addition, structures which may be born of conflict may achieve relative autonomy by means of a change of function. These become structures or apparatuses of secondary autonomy. Thus secondary process thinking can, unless it is drawn into conflict again, operate relatively freely and independently of the drives.

While it is not possible here to go into the many relevant contributions to the understanding of ego functioning made by such workers as Hartmann and his collaborators, Hoffer, Erikson, Jacobson and many others, we would like to touch briefly on Rapaport's work on the concept of autonomy (1951, 1958), for we believe that the concept of autonomy is central to the whole problem of adaptation. Rapaport extended the autonomy concept from autonomy from the instinctual drives, to include as well the notion of autonomy from the environment. As he put it, the degree to which the individual's ego can function autonomously is a reflection of independence from the drives, freedom from "slavery" to the drives; but it also reflects the capacity to function independently of the environment. Environmental demands need not, to the extent that autonomy exists, evoke automatic, stereotyped and immediate responses; the relatively autonomous individual is equally not a slave to his environment. To Rapaport's description of autonomy from the drives and from the environment we can add the notion of autonomy from the superego introjects, a consideration which is of substantial theoretical as well as of clinical importance. We will touch on this point again later in this paper. An obvious conclusion from all of this is that a high degree of autonomy from the drives, the superego and from the environment indicates a relatively greater range of choices in adaptive responses in problem-solving and in decision making, and in the development of the means of obtaining pleasure, gratification and well being.

It should be clear by now that our concept of adaptation is more than that of adaptation to the external world, but includes adaptation to inner forces and inner states, as well as to the demands or promptings of external reality. It is perhaps unfortunate that the way in which the term "adaptation" is generally employed is to denote reality-relationships; this has certainly

influenced a number of psychoanalytic writers on the topic, and even Hartmann, in his classical work on adaptation (1939), placed emphasis on adaptation in relation to the tasks of reality-mastery, although he took the ego's role as a mediator between drives and reality fully into account. Our own emphasis is different from this, and it will become apparent in what follows that we regard adaptation to reality as a (biologically predisposed) consequence of a more general principle of regulation and control.

Before going further, it is appropriate to stress what we regard as a fundamental theoretical distinction between the apparatuses, structures, functions and mechanisms that subserve adaptation, on the one hand, and the experiential criteria which lead to the utilization of these apparatuses, structures, functions and mechanisms, on the other.

In Freud's view, the ultimate criterion or regulating principle was the pleasure principle, a homeostatic principle of constancy which, as Schur has pointed out so well in his recent book (1966), embodies both energetic and feeling aspects. It is indeed a compound of more than one regulatory principle, and it is apparent that Freud in fact included several principles of regulation under the single heading of pleasure principle. Schur remarks that it is necessary to distinguish between the pleasure and unpleasure regulatory principles and the *affective* experiences of pleasure and unpleasure. However, Schur does not consider the regulation of *experience* a primary regulating principle, and in this regard it will be seen that our own emphasis is different from his.⁸ In what follows, the idea is put forward that the ultimate guiding or regulatory principle in adaptation from a psychological point of view relates to feeling states of one form or another and that to equate these with energetic equilibrium and with drive equilibrium in particular may be misleading or incorrect. We prefer here to use the term "feeling states" rather than affect because of the broadness of the concept of affect which includes both feelings and bodily changes. This is a great source of confusion unless one differentiates the different aspects of what is meant by affect, as a number of authors have recently done. We are also by no means convinced that changes in feeling states always mirror somatic affective changes,

⁸ We can assume that, in the earliest, so-called undifferentiated phase of development, the regulation of the infant's biological homeostasis, constantly disturbed by the drives, is mirrored in the infant's feeling-states.

However, we would suggest that as the ego develops as an active controlling and facilitating agency, its prime regulating principle is intimately connected with its conscious or unconscious perception of its feeling-states.

although feelings must be connected with processes occurring in the central nervous system.

III

In this section we would like to describe the development of a line of thought which has led to our present views on adaptation. The starting point for this development was a paper on "The Background of Safety" (Sandler, 1960a) which in turn took as its point of departure Freud's theory of trauma and anxiety as described in *Inhibitions, Symptoms and Anxiety* in 1926. Starting from the consideration in particular of the act of perception as a very positive process rather than a passive experience, the view was put forward that the act of perception is an act of sensory integration which prevents the ego from being overwhelmed by unorganized sense data. The successful performance of such an act of integration is accompanied by a definite feeling of safety, a sort of ego tone, a background feeling state. This was put in the following way (Sandler, 1960a).

We can speak of a successful act of sensory integration as one in which excitation (I speak now of stimulation from any source, from the id or the outer world) is smoothly and effectively dealt with by the ego. I want to suggest that such successful sensory integration is not only accompanied by anxiety-reduction, but also contributes to a background feeling within the ego, a feeling which can be referred to as one of safety or perhaps of security. I want to stress the positive character of this feeling (which need not, of course, be conscious). It is a feeling which bears the same relation to anxiety as the positive body state of satiation and contentment bears to instinctual tension. Genetically, this feeling must be a derivative of the earliest experiences of tension and satisfaction. It is a feeling of well-being, a sort of ego-tone. It is more than the mere absence of anxiety, and reflects, I believe, some fundamental quality of living matter which distinguishes it from the inanimate. It is a quality of feeling which we can oppose to the affect of anxiety, representing in a sense its polar opposite.

In the same paper some of the steps taken by the ego to deal with any reduction in the background tone of safety feeling were described, and the conclusion was drawn that there could be seen in all of this the workings of what might be called a *safety-principle*:

This would simply reflect the fact that the ego makes every effort to maintain a minimum level of safety-feeling, of . . . ego-tone, through the development and control of integrative processes within the ego, foremost among these being perception.

It was pointed out that any experience of anxiety or disorganization lowers the level of safety feeling and that we may see the development of types of activity which at first sight seem to be inappropriate and unadaptive, but in fact *are* adaptive in that they are aimed at restoring some minimum level of safety-feeling. Included in this are, for example, some of the stereotyped and bizarre forms of behaviour shown by psychotics—but it is also to be seen in the child's need for familiar objects in his environment, or in certain forms of normal or neurotic regression. It was also pointed out that this is not the same as the investment of objects for the purpose of obtaining instinctual gratification.⁶

In a paper on "The Concept of Superego" (Sandler, 1960b) Freud's writings on the ego ideal and the superego were reviewed, and it was noted that Freud had started his formulations regarding the *ego ideal* in his "Narcissism" paper (1914) by observing that libidinal (i.e. drive) impulses are repressed if they are in conflict with the child's ideal for himself, and that the ideal image embodies all the feelings of perfection which the child felt himself to possess in his early childhood. Following a review of the literature, a view of the superego was put forward in that paper, leaning heavily on the framework of the inner world as elaborated by Piaget and by such analytic authors as Hartmann and Jacobson. The internal schemata constructed by the child were taken to relate not only to data gained by sensory impressions but also to internal sense-data (and what was referred to at the time as "affect-data" as well). What is known to the child as "reality" is only a specially differentiated part of his inner world.

At this time the classical formulations were still being followed in the use of the term "narcissistic cathexis" to refer to both an energetic investment and a feeling-state, and a model of superego functioning was elaborated based on the assumption that the child transfers authority to superego introjects in order to preserve a feeling of safety—but at that time the

⁶ In a footnote to this paper, Sandler commented: "The relation between safety-feeling and narcissism is, of course, of much interest, but I am not able to take it

up here". Although this was briefly touched on again in 1960 (Sandler, 1960b), its fuller exploration was not undertaken till recently (Joffe and Sandler, 1967a).

distinction between energies and feelings had not been clarified, and the confusion was evident in the equivalence implied in such terms as safety, well-being, self-esteem, feelings of being loved and the maintenance of a sufficient level of narcissistic self-cathexis. However, in that paper, some of the unease about the confusion between energy and feeling was again evident, and the following comment was made in a footnote (Sandler, 1960b):

The problem of what it means to "feel loved", or to "restore narcissistic cathexis" is one which has as yet been insufficiently explored. What the child is attempting to restore is an affective state of well-being which we can correlate, in terms of energy, with the level of narcissistic cathexis of the self. Initially this affective state, which normally forms a background to everyday experience, must be the state of bodily well-being which the infant experiences when his instinctual needs have been satisfied (as distinct from the pleasure in their satisfaction). This affective state later becomes localized in the self and we see aspects of it in feelings of self-esteem as well as in normal background feelings of safety. The maintenance of this *central affective state* is perhaps the most powerful motive for ego development, and we must regard the young child (and later the adult) as seeking well-being as well as pleasure-seeking; the two are by no means the same, and in analysis we can often observe a conflict between the two.

In this paper the development of the superego system was related to conflict between the child's instinctual strivings on the one hand and the need to preserve his well-being on the other. What was the fear of parental disapproval becomes guilt, and an essential component of the feeling-state of guilt was seen as the drop in self-esteem or well-being. However, the converse is also true, and the comment was made:

An *opposite* and equally important affective state is also experienced by the ego, a state which occurs when the ego and superego are functioning together in a smooth and harmonious fashion; that is, when the feeling of being loved is restored by the approval of the superego. Perhaps this is best described as a state of mental comfort and well-being. . . . It is the counterpart of the affect experienced by the child when his parents show signs of approval and pleasure at his performance, when the earliest state of being at one with his mother is temporarily regained. It is related to the affective background of self-confidence and self-assurance, as well as to the pathological state of mania.

Implicit in these formulations is the concept that superego formation comes about as a consequence of processes of adaptation, and that the regulating principle, the ultimate psychological determinant, is the control of the feeling state of safety and well-being. This is not only a developmental cause for superego formation but also implies that it has an adaptive function *in the present*.

In 1962, in two papers (Sandler, 1962; Sandler and Rosenblatt, 1962) the concept of what was called the representational world was elaborated. These papers extended, elaborated and made more explicit the concept of the internal world, bringing it into line with structural (and also to some extent with topographical) concepts. Here the concept of the *shape* of self and object representations was introduced, as follows (Sandler and Rosenblatt, 1962):

It is convenient at this juncture to introduce the idea of the *shape* of a self or object representation or image to denote the particular form and character assumed by that representation or image in the representational world at any one moment. . . . The child who feels angry at one moment, and the subject of attack at another, shows a change in the shape of his self-representation—or alternatively, his self-image (be it conscious or unconscious) has changed. Moreover, the shape of an unconscious self-representation may be different from that shape which is permitted access to consciousness or motility. Thus, we could speak of a child who has an unconscious aggressive wish to attack an object as having a particular shape of his self-representation—the unconscious image of himself attacking the object—which is not ego syntonic and which is only permitted to proceed to consciousness or motility once its shape has been changed by means of defensive activity on the part of the ego.

The self-representation can assume a wide variety of shapes and forms, depending on the pressures of the id, the requirements of the external world, and the demands and standards of the introjects. Some shapes of the self-representation would, as has been said, evoke conflicts within the ego if they were allowed discharge to motility or consciousness, and the defence mechanisms are directed against their emergence.

This refers, of course, to the expression of id impulses. It is perfectly consistent with psychoanalytic metapsychology to link the expression of an instinctual need with a shape of the self-representation, or, for that matter, with the shape of an object representation. Needs soon become transformed into *wishes* of one sort or another in the course of development, and these wishes involve self and object representations. Thus an unconscious wish, let us

say, to exhibit one's body to another, involves the unconscious perception by the ego of an image of the object reacting in some way. These self and object images must, it seems to us, be unconsciously appreciated by the ego and by dealt with in some way by it, e.g., by repression (or some other form of defence) or by permitting an acceptable derivative to gain access to consciousness or motility. The distortion of the unconscious wish involves change in the shape of the self and object representations.

Other shapes of the self-representation are versions which would provide the child with the greatest narcissistic gain, and represent ideal selves for the child (as in the "superman" daydreams of latency). Clearly such ideal selves begin to be formed in pregenital times, and their exploration has thrown some light on a number of aspects on what has been broadly conceptualized as the ego ideal.

In a paper on "The Ego Ideal and the Ideal Self" (Sandler, Holder and Meers, 1963), the concept of ego-ideal was dissected into its components, one of which was described as the "ideal shape of the self". This represented the "wished-for" shape of the self at any particular time and in any particular set of circumstances. In tracing some of the sources of the ideal shape of the self, it was linked with the requirements of the superego introjects, the conscious or unconscious requirements communicated by the real parents or other important figures in the present, and the demands arising from the instinctual drives. The ideal self at any moment was defined as that shape of the self which would yield the greatest degree of well-being. At the same time it was regarded as the shape which would provide the highest degree of narcissistic gratification. Following Jacobson (1954), Bibring (1955) and Annie Reich (1960) the degree of discrepancy (or lack of it) between representations of self and ideal self measured the self-esteem of the individual. It should be noted that here again, the concepts of narcissism, self-esteem and well-being were used interchangeably.

A crucial development in this line of thought was reflected in two papers on childhood depression (Sandler and Joffe, 1966; Joffe and Sandler, 1966), and developed in two further papers (Joffe and Sandler, 1967a, 1967b). The "ideal

state" was considered to be fundamentally a feeling-state of well-being which normally accompanied harmonious and integrated *psychobiological* functioning. The striving to attain or maintain such a feeling-state is seen as basic in human development and functioning, and an understanding of its regulation is essential to the understanding of the dynamics of ego functioning. Extending and including the "safety" concept formulated earlier (Sandler, 1960a), the feeling of well-being was regarded as the polar opposite of pain (*Schmerz*); pain was seen to be a fundamental component of all forms of unpleasure, including that of instinctual tension and anxiety. From early in development the "ideal state" becomes increasingly linked with ideational content derived from perception, memory and phantasy. The feeling state of well-being becomes embodied in what has been referred to as "ideal shapes of the self", and discrepancy between the actual shape of the self at any moment and the corresponding or appropriate ideal self is (consciously or unconsciously) experienced as pain.⁷

Although thus far we have spoken of the discrepancy between actual and ideal states of the self-representation as being linked with feelings which have a painful component, it should be remembered that from early in the infant's development, the self-representation is closely linked with various forms of object-representation; we cannot consider any shape of the self-representation in isolation. It would probably be more correct to consider (after a certain stage of development has been reached) the actual and ideal shapes of the self-representation in terms of self-object representations; for all psychological object relationships are, in representational terms, self-object relationships. In more general terms we can refer to representational discrepancy as being linked with feelings of pain or unpleasure, and lack of representational discrepancy (i.e. states of representational congruity) being associated with feelings of well-being and safety.⁸

From the point of view of the ego's functioning we are now in a position to say that the prime motivators are conscious or unconscious feeling-states; and that these are, in turn, associated

⁷ The thresholds for experiencing and for tolerating painful feeling states varies in different individuals and at different times in the same individual.

⁸ In this formulation two lines have converged. The first is that which has developed from the initial formulation of the safety principle (1960a), and the second from the studies on the ego ideal and the ideal self (Sandler,

Holder and Meers, 1963). In regard to the former line of thought, what was originally formulated in terms of perceptual functioning has been generalized and extended to a primary psychobiological principle. In regard to the latter, what was originally seen in relation to superego processes is now seen as an integral part of the dynamics of total ego functioning.

with various forms of representational congruity or discrepancy. *The aim of all ego functioning is to reduce conscious or unconscious representational discrepancy and through this to attain or maintain a basic feeling state of well-being.* From this point of view we can say that the ego seeks to maintain a feeling-homeostasis, and this is not to be confused with the notion of energetic homeostasis. This question has recently been discussed in some detail (Joffe and Sandler, 1967a). The developmental aspects in all of this are important.

As the representational world of the child becomes increasingly structured, his system of self representations includes images which reflect affective states of well-being. The "ideal self" derives its content not only from affect representations, but also contains ideational components which may originate from various sources. These sources include memories of actual states of well-being previously experienced, or of fantastic and symbolic elaborations of such states. The elaborations in phantasy may subserve defensive functions, in which case we may get magical and omnipotent components in the ideal self. The specialized form of ideal which ensues when the child needs to aggrandize himself for the purpose of defence can be referred to as the "idealized self", but it should be borne in mind that idealization is only one possible source of the content of the ideal self. Similarly, where the ideal self is based on identification with an admired object, we can distinguish between qualities which the child attributes to the object because of its infantile perception of the object at the time, and those which are attributed to the object representation in phantasy (usually resulting from ambivalence conflicts) (Joffe and Sandler, 1966).

It is clear that in the course of the child's everyday life, he develops and creates various shapes of the ideal self which are appropriate to his home, to his school, to his groups of friends, and so forth. These ideal shapes of the self may vary quite considerably from one set of circumstances to another, and tendencies, wishes, or impulses which may be permitted in one situation may create a painful internal state in another. The content of the "ideal" states may be derived from present reality, or from past experience—we include here the set of ideals which are related to the parental introjects once the superego has been established, and which we know can often be a source of intense pain when the child feels that he does not conform (or wish to conform) to his superego ideals.

While internal conflict is a major source of painful states, reality factors also play a part. Every child is constantly being faced with situations which create discrepancies between actual and ideal states of the self, but some children experience these discrepancies to a far greater degree than others when they are exposed to special external circumstances.

It is clear that the progressive movement towards adequate appreciation of, and adaptation to, reality must involve the relinquishing of ideals which are no longer appropriate to present reality—reality-dystonic ideal shapes of the self, so to speak. We have made use of the term *individuation* to describe the gradual development of increasingly reality-adapted ideals in the growing child, together with the giving up of infantile ideals and dependence on external objects for supplies of well-being. This does not mean that we regard individuation as synonymous with development, but rather as an important adaptational aspect of it. However, previous ideal shapes of the self are not always readily abandoned, and will often show their influence in the content of new ideals. If the child is not able to make the necessary progressive modifications in the shape of his ideal self, he may well turn towards ideal states which have been satisfactory in the past, and which he can attain in reality or in fantasy. This is an important aspect of the regressive processes which we can observe in the course of normal and pathological development, and which subserve purposes of adaptation.

Individuation is essentially an outcome of processes in the ego, and successful individuation is a fundamental component in the child's development towards psychological maturity. It is in part determined by drive progression, and the correlated establishment in the representational world of what can be called "phase-adequate ideal states" appropriate to the new developmental level. A further factor influencing individuation is the well-being which results from social recognition and approval—a factor which continues to operate when superego introjection has taken place and the child is able to obtain so-called "narcissistic supplies" from internal as well as external sources (Sandler, 1960b). A third, and extremely important factor in individuation, is the effect on the child of the maturation, development and consolidation of autonomous (primary and secondary) ego functions. The attractions offered by the child's new potentialities and experiences enable him to

relinquish his attachment to previous ideal states, and to strive towards attaining the well-being offered by new ideals created by processes of maturation and by the move forward into a fresh developmental phase. "Pleasure in function" and "mastery pleasure" play an important part here, as well as the pleasure from direct drive discharge and the affective gains which can ensue from the capacity to identify with admired objects (especially parents and older siblings). The child attaches a "feeling-cathexis of value" to his newly-acquired achievements, and the alteration in his ideal self enable him to achieve a unity of actual and ideal self through independent activities.

We consider individuation to be a line of development which continues throughout life, and while failures in early development may make later individuation difficult (and similarly, early failures in individuation may later affect various lines of development), the growing individual is constantly confronted with situations (particularly crisis situations and developmental transitions) which require further processes of individuation. These situations give rise to mental pain, and individuation appears to be the most adaptive response to such pain. The capacity for progressive individuation varies in different individuals; the capacity for "distancing" (Sandler and Joffe, 1966) and the capacity to dis-invest object representations and to invest feelings in activities and interests appearing to be important factors.

While, from the point of view of the ego individuation is the most adaptive response to pain, from the side of the drives the normal response to pain is aggression, directed at whatever is considered to be the source of the pain. However, if the child does not go on to individuate, he may remain as a miserable, unhappy, unsettled and discontented child who shows a chronic feeling of resentment towards himself or towards those whom he feels are responsible for his lack of satisfaction.

In these formulations there is a qualitative difference between the systems id and ego. The demands of the drives (which can be regarded as stimuli arising from an internal source) give rise to feeling states within the ego, states which include a particular feeling-quality of pain or unpleasure. Reduction in drive tension (so-called

drive discharge) is accompanied by pleasurable feeling states and is normally followed by a positive feeling-state of well-being. The control which the ego can exert on the instinctual drives is instigated and regulated by the ego's awareness of changes in its representational world. Ideational content is always linked, however tenuous this may on occasion be, with feelings of one sort or another, and ultimately it is always the feeling state, existing in the present or anticipated, which is the criterion upon which the ego bases its adaptive manoeuvres.

In speaking of the adaptive and progressive process of individuation, we have referred to the "giving up" of earlier ideals and ideal self-object relationships, and although we qualified this by saying that earlier ideals are not always readily abandoned and show their influence in later ideals, a further qualification or modification of this statement is necessary. In a paper on the concept of persistence (Sandler and Joffe, 1967), we put forward the view that structures (and this includes the structures of the representational world) are not lost in the course of development. This would imply that the content of earlier shapes of the self or of self-object relationships can be seen as adaptive solutions which are never lost.

The essential point is that in every psychological "event" or in every attempt at problem-solving (we include in this the finding, at any moment, of an appropriate form of drive discharge, the appropriate negotiation of environmental tasks, as well as the functions of cognition, perception, etc.) the attained resolution is preceded by a rapid recapitulatory exploration of previous solutions established in the course of the individual's ontogenetic development. The concept of persistence also implies that the organization of previous solutions . . . persists even though new structures of increasing complexity are increasingly being formed (Sandler and Joffe, 1967).

It is possible to regard the mental apparatus as having developed as a superordinate control system responsible for the very characteristics of behaviour which such writers as Hartmann, Rapaport and recently Holt (1965) have described as ego autonomy. The regulatory basis of the psychological control system, as distinct from the anatomical-physiological one are, in our view, based on the maintenance of a dynamic feeling homeostasis.⁹ Feelings within the ego,

⁹ It is perhaps of interest that the experiential phenomena reported, for example, on experiments on stimulus deprivation and isolation can be understood in terms of the ego's adaptation to a lower feeling of safety or security

which is only in turn consequent on the reduction of sensory input. It is a feeling deprivation rather than a stimulus deprivation. There is a lowering of the background safety level due to the absence of sensory input.

including variations in the basic feeling of well-being, are not determined solely by stimuli arising from the instinctual drives nor by stimuli from the external world, although it is true that an imbalance of one or another source will affect feeling states. Changes in feeling states are, as we see it, the *impetus* to the development of psychological structure. Earlier in this paper we spoke of the distinction between the criteria for development and adaptation on the one hand and the structures and functions involved. Changes in the feeling state and in the representations associated with these changes provide the impetus for the development of psychological structures and represents the ultimate basis for the ego's regulatory activities.

We mentioned ego autonomy earlier as being closely related to adaptation, and this can be seen to have a close relation to internal conscious or unconscious feeling states. Ego autonomy can be regarded as the individual's freedom to explore and to find new solutions without suffering intolerable disruption of the internal feeling state of well-being or safety. In a sense, the degree of autonomy is a reflection of the range of ways and means which the person has been able to find during the course of his development to maintain his basic feelings of well-being and safety in the face of superimposed disruption of his feeling state *arising from any source*, from the drives, from the superego, or from the external world. Of particular relevance is the degree to which the individual can explore different solutions in the trial actions which constitute thought, while still maintaining a minimum level of well-being and then to base appropriate action on the basis of this exploration

in thought and in imagination. Moreover, a high degree of ego autonomy would imply a capacity to divorce the maintenance of the basic feeling tone from stereotyped and automatic responses to either drive or reality demands.

There are many directions in which this conception can be explored and expanded. One of these relates to the question of autonomy from the standards and ideals of the superego introject. Another relates to the degree of freedom which the individual can attain from infantile ideals. Changes in the ego's basic feeling state may be gross or may be restricted to signals (as in the anxiety signal, or other painful signals, or signals of well-being, or of sensual or other pleasures). Implicit in this is the notion that even the most refined and abstract intellectual representations have feeling signals attached to them. We would reiterate that the apparatuses which the ego constructs during the course of its maturation and development are prompted in their development ultimately by the need to control feelings and that their principle role is to widen the tolerable range of conscious or unconscious experiences without unduly disrupting the basic feeling tone of safety, well-being, or security.

In conclusion we would note that the model presented here is an intrapsychic one. As such it provides a basis for uniting a general theory of adaptation with a fully psychoanalytic point of view. Indeed, its essence is that psychoanalytic psychology is a psychology of adaptation to changes in feeling states, and that any particular aspect of the theory of adaptation (e.g. adaptation to the demands of the drives, or to the external environment) can be encompassed within the framework of the wider model.

REFERENCES

BIBRING, E. (1953). "The mechanism of depression." In *Affective Disorders*, ed. Greenacre. (New York: Univ. Press.)

FREUD, S. (1914). "On narcissism: an introduction." *S.E.* 14.

— (1923). *The Ego and the Id*. *S.E.*, 19.

— (1926). *Inhibitions, Symptoms and Anxiety*. *S.E.*, 20.

— (1950). "Extracts from the Fliess papers." *S.E.*, 1.

HARTMANN, H. (1939). *Ego Psychology and the Problem of Adaptation*. (New York: Int. Univ. Press, 1958.)

— (1956). "The development of the ego concept in Freud's work." *Int. J. Psycho-Anal.*, 37.

HOFFER, W. (1954). "Defensive process and defensive organization: their place in psychoanalytic technique." *Int. J. Psycho-Anal.*, 35.

HOLT, R. R. (1965). "Ego autonomy re-evaluated." *Int. J. Psycho-Anal.*, 46.

JACOBSON, E. (1954). "The self and the object world: vicissitudes of their infantile cathexes and their influence on ideational and affective development." *Psychoanal. Study Child*, 9.

JOFFE, W. G. and SANDLER, J. (1966). "Notes on pain, depression and individuation." *Psychoanal. Study Child*, 20.

— (1967a). "Über einige begriffliche Probleme im Zusammenhang mit dem Studium narzisstischer Störungen." *Psyche*, 21.

— (1967b). "On the concept of pain, with special reference to depression and psychogenic pain." *J. Psychosom. Res.*, 11.

RAPAPORT, D. (1951). "The autonomy of the ego." *Bull. Menninger Clin.*, 15.

— (1953). "On the psycho-analytic theory of affects." *Int. J. Psycho-Anal.*, 34.

— (1958). "The theory of ego autonomy: a generalization." *Bull. Menninger Clin.*, 22.

— (1959). "A historical survey of ego psychology." In *Identity and the Life Cycle*, ed. Erikson. (New York: Int. Univ. Press.)

REICH, A. (1960). "Pathologic forms of self-esteem regulation." *Psychoanal. Study Child*, 15.

SANDLER, J. (1960a). "The background of safety." *Int. J. Psycho-Anal.*, 41.

— (1960b). "On the concept of superego." *Psychoanal. Study Child*, 15.

— (1962). "Psychology and psychoanalysis." *Brit. J. med. Psychol.*, 35.

SANDLER, J. and ROSENBLATT, B. (1962). "The concept of the representational world." *Psychoanal. Study Child*, 17.

SANDLER, J., HOLDER, A. and MEERS, D. (1963). "The ego ideal and the ideal self." *Psychoanal. Study Child*, 18.

SANDLER, J. and JOFFE, W. G. (1966). "Notes on childhood depression." *Int. J. Psycho-Anal.*, 46.

— (1967). "Die Persistenz in der psychischen Funktion und Entwicklung, mit besonderem Bezug auf die Prozesse der Fixierung und Regression." *Psyche*, 21.

SCHUR, M. (1966). *The Id and the Regulatory Principles of Mental Functioning*. (New York: Int. Univ. Press.)

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COMMENT ON PAPER BY Drs JOFFE and SANDLER¹

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I appreciate very much this new generalized differentiation of the psychoanalytic concept of adaptation given by Joffe and Sandler which tries especially to clarify the role of affects in relation to the development of the representational world. In the development of psychoanalytic concepts the total link of affects with the drives was partially removed. Following the ideas of Joffe and Sandler it seems necessary to distinguish quite clearly between all functions, structures, and mechanisms that subserve adaptation on the one hand and the criteria, which are really experienced, and which lead to a special individual and different utilization of these structures, functions, mechanisms and energies, on the other.

A difficulty in our discussion may be, similar to the use of other terms in different languages, to locate the term "affect", which is occasionally used together with emotions and feelings.

I fully agree with the term "feeling states" used by Joffe and Sandler; but after I went through the literature on the psychoanalytic theory of affects, I found myself a bit confused about the synonymous use of affect, emotion and feeling, which seem to describe quite different areas of psychodynamics.

Freud points out that the phenomenon of tension and discharge should not be regarded in their quantitative aspects only. It seems more adequate to realize the change of quality in different quantities of the same drive tension. Following Rapaport's systematization of the psychoanalytic theory of affects, one can envisage a hierarchy of motivations leading from drives to interests and special preferences. What Freud called "*Das Binden der Affekte*" and Hartmann, Kris, and Loewenstein stressed as "neutralization of mobile energy" appears to be a very complicated continuum of affects between

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

massive temper tantrums and highly neutralized forms of affect signals used by the ego. In consequence of this development the ego, which originally *experiences* in a more passive way the affects as pleasure or unpleasure feelings, can use this structure to mobilize and recognize the emotional signals as mediators between outer and inner reality.

As Kris with his term "regression in the service of the ego" pointed out, it is possible to create an emotional equilibrium in using these signals. The difficulty in defining the adaptational aspect of emotional development seems to arise from the high complexity of feeling states. It is not only the content but the constant minimal change of emotions in reference to adaptational control. The ego has to control both sides, the inner and outer reality. On the one hand, affects are in themselves states of adaptation, if we consider the discharge as an adequate response to a certain stimulus coming from outside. On the other hand, affects as signals are inevitable and necessary for the control of reality as mediators, like thinking. Reality control without the emotions would easily become a kind of obsessive or paranoid magic instrument, as we see it in successful intellectualized obsessional characters.

I had some difficulties in translating the term "state of well-being". As Hartmann pointed out, we are confronted with the fact that the criteria of illness and health close to reality adaptation can be different, depending on the special view. The two aspects, of the individual on the one side and society, the collective group, on the other, may cause different representations of an ideal self. This ideal self, so far as I can see it, is the result of a special adaptation to a given environment, partly developing from the derivatives of earlier experienced states of well-being, partly from the "here and now" conditions of the specific phase. One might know the stimulus which may have determined the relinquishing of the reality-dystonic shapes of the self. The social process and the adaptation signals on the one side and the individuation as a gradually growing development of reality adapted ideals on the other are doubtless conflicting. But a problem seems to arise if the adaptation to a special environment with an individual feeling of well-being and identity with the ideal self causes identity conflicts, when a new environment makes it necessary to correct all errors of the former ideal self. This process seems at the same time to be a stimulus for

learning, for reality control, adaptational change, and an emotional anxiety signal. A characteristic example may be the change from one culture to another or from one group to another, if the culture imprints a special shape of an ideal self.

Sandler and Joffe contrast this second factor of individuation, social recognition and approval, with the maturation development and consolidation of autonomous (primary and secondary) ego functions. The third factor, namely the "phase-adequate states" may constitute special standards of maturation in different cultures. So far as I can see, it would be an important factor to define which state the ideal self can reach in a given environment, depending on signals, which are contents of the representational world too. To make this point precisely: the question is, at which end of the scale is the individuation of an ideal self motivated between social ego adaptation related to the outer world and the autonomous ego function.

The "feeling cathexis of value", as Joffe and Sandler define this, can be determined from the social ego adaptation *and* the autonomous ego function. If the criterion upon which the ego bases its adaptive manoeuvres is really the existence of anticipated feeling states, one would expect different adaptational tendencies, which conflict with each other.

One could suppose that a social adaptation which tends to avoid a loss of a state of well-being or the basic feeling tone of safety, could then delay the development of individual maturation. This view seems rather important, for instance, in research into social, national, or cultural prejudices. Adaptation to a given special environment in this sense may cause underdeveloped ego structures or shapes of an ideal self in whole groups and subgroups of different societies, which may be rather infantile.

One other point in this concept should be discussed for clarification: this hypothesis may change the concept of defence mechanisms. It seems possible that the defence of the former shapes of an ideal self can be directed against reality adaptation to avoid or deny new insights. Therefore one should strictly distinguish between an idealized and an ideal self. This new concept may clarify the problem of narcissism.

For psychoanalytic technique, I feel it important to open up a new way of differentiating between emotional and feeling states in the patient. Otherwise the tendency to reduce the complexity and differentiation of feelings as an ego-function to the quantitative drive-tension

and discharge concept may lower the therapeutic prospects, due to a simplification of the therapeutic interaction. The former formulation, "This is nothing but . . .", which was often used, as a result of an underdeveloped theory of affects could cause many misunderstandings in the therapeutic working alliance.

I would like to see this new concept explored and expanded in many directions, although my personal doubts are concentrated on the question of how far the state of an ideal self in adaptation to reality can really be reached as the result of autonomous ego functions. But this

personal unpleasure feeling may create a new psychological structure after I have thought over this problem and may lead then to a new state of well being in a changed identity.

The psychology of values may be linked to the concept of feeling states. As to the problem of an ideal self, I remember a line of Friedrich Hebbel, which may explain the reality in this situation: "The one I am is greeting painfully the one I want to be!" The awareness of this difference between the actual existing state and the state of a wished-for existence may open up free areas of the ego in its struggle against the drives.

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Note.—The paper by Lucille B. Ritvo and Max Schur, "A Principle of Evolutionary Biology for Psychoanalysis", and its discussion by P. J. van der Leeuw, read at the Congress, will be published elsewhere.—EDITOR.

FEAR OF DEATH AND TRAUMA¹

Remarks About an Addendum to Psychoanalytic Theory and Technique

MAX M. STERN, NEW YORK

Fear of death has not had the consideration in analytical theory and technique necessary for the full understanding of the function of the mind in general and of neurosis in particular. Yet fear of the inevitable end exists, although mostly denied, throughout life and in various disguises. That fear of death is in the psychoanalytic literature mainly treated as an analogy to, or development of, castration anxiety, originates in Freud's remarks about "*Todesangst*" in *The Ego and the Id* (1923), which he repeated in *Inhibitions, Symptoms, and Anxiety* (1926) and which was translated in the *Standard Edition* as fear of death. That in these passages Freud was dealing with mortal anxiety and not with fear of death, I have pointed out in a previous paper (Stern, 1968). Although there is some connection, fear of future death with which this paper deals, is not identical with mortal anxiety which Freud calls the response to situations of extreme danger.

My own clinical observations show that fear of death has its own place in the individual's development. Of course, in psychoanalysis we are not concerned with what death objectively is, but with its psychic representation. Fear of death seems to contain a projection of actually felt annihilation of self and ego into an indefinite future. This paper maintains that it emerges already in the first years of life (A. Freud) from experiences in early traumatic situations from which, as Freud stressed, no individual is spared and which I, therefore, call biotraumatata. Their prototype is loss of mothering. They are, so to speak, normal traumata, which form an integral part of normal development and are imperative for the specific differentiation of the human mind and human culture. Neurosis is not the result of normal biotraumatata but of their morbid strength. It appears as if castration anxiety, the fear of the annihilation of the genitals, so central to analytical theory, is a specific derivative of the generalized fear of annihilation, namely, its

displacement on to the genitals, male and female, occasioned by experiential factors such as castration threats, views of the female genitals, etc.

This paper introduces, as an addendum to psychoanalytic technique necessary for successful termination, the working-through of the fear of death in the treatment of neurosis. It could be observed that in neurosis anxieties stemming from morbid infantile biotraumatata remain amalgamated with the fear of inevitable future death. This makes for clinging of the ego to gratification of infantile wishes which once protected against trauma. Disentangling the obsolete anxieties of the past from the realistic fears of the future makes the former accessible to their dissolution by working-through.

Material relating to death appears regularly in every analysis. When understood and interpreted, the patient's current preoccupation with death emerges, as well as memories of infantile struggles with the impenetrable enigma of death. The material points to the fear of being annihilated, immobilized, of suffocating, of vanishing into nothingness, sensations which seem to be associated to what the infant experiences in the situation of loss of mothering as well as in *pavor nocturnus* attacks and anxiety dreams.

In a previous paper (Stern, 1968) I described the effect of the working through of the death complex in severe cases which had not had the success one would have wished. They included cases of fetishism and perversion, so-called borderline cases. The early mother-child relationship of the patients had been an especially disturbed one. The mother's hostile rejection, morbidly reinforcing the effect of normal inevitable deprivations, had aroused mortal fear of being eaten up, swallowed, etc. (Mahler, 1952), and engendered fixation to the very ambivalent symbiotic mother-child relation, to primitive ego function, to magic primary process thinking, which provided the dynamic

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

matrix for fateful acting out in borderline cases. Significant in all these patients was the impact of early *pavor nocturnus* attacks.

Underlying the transference was the craving for symbiotic fusion with the analyst—as defence against fear of death: “As long as I am with you, I will not die.” This entailed clinging to analysis and the obstacles for the cure emanating from this clinging. The analyst’s interpretation that he was not able to fulfill the wish for protection against death, revived the early symbiotic threat. It elicited in all patients strikingly similar responses, namely, depression with feelings of emptiness and despair, psychomotor retardation, dimming of the sensorium; the patients went through a phase of haziness, often lasting for weeks. It was followed by a flaring up of oral fantasies, of wishes to fill up and to be filled up by the analyst, by the sexual partner, etc. It opened the path for the intensive working through of early conflicts and finally led to a belated, more successful individuation-separation, to ego maturation in terms of establishment of identity, object relations, and sense of reality, and a better solution of the oedipal conflict.

Similar responses appeared, although in a very lishment of identity, object relations, and sense of reality, and a better solution of the oedipal into the usual technique.

Genesis of Fear of Death

I pointed out before that fear of death seems to contain a projection of the feeling of annihilation experienced in the early biotraumatic situation of infantile deprivation. Information about these experiences can be derived from what is known as response to biotrauma, through direct observation of infants, children and adults as well as from the traces which early ubiquitous experiences leave in fantasies, plays and dreams, etc.

Somatic and Psychic Depression

Quite a number of these psychic phenomena can be understood as containing early predominantly *physiological responses* to deprivation and biotrauma, which I have called *primary defences* (Stern, 1951 a, b, 1953). Among them I described a specific somatic defence as *primary depression* with motor retardation, stupor, etc. It can be regarded as the “*Uranlage*” of psychic depression mentioned by Bibring.

Child analysts describe precisely in these terms the response to loss of mothering (loss of

object) namely as state of depression with stupor and psychomotor retardation (Spitz, 1954; Ribble, 1944; Engel, 1962). These responses known as separation anxiety might better be termed separation depression. Similar responses are reported by adults who lived through situations of mortal anxiety in the face of threatening death. In those cases motor paralysis and stupor were often accompanied by denying fantasies (Jaspers, 1963; Pfister, 1930).

Psychic depression can be said to contain, beside other experiential determinants, a more or less attenuated repetition of this primary defence against somatic biotrauma, just as the so-called signal anxiety contains the more psychological primary automatic anxiety and repression proper repeats primary repression (Freud 1926).

The concept of primary depression and inferences from infant behaviour bring home the importance of depression as response to trauma. In general, we define the response to trauma as anxiety and not as depression. Yet, it is interesting that Freud, in a pertinent passage in *The Ego and the Id*, usually overlooked, equated mortal anxiety, the response to a “situation of extreme danger”, with depression, the internal response to melancholia; its prototype he sees in the infant’s loss of mothering. In all these situations, he explains, the “ego lets itself die”. This highlights the role of depression in fear of death and brings the affects of anxiety and depression into a genetic and dynamic sequence.

Fear of Annihilation

As mentioned above, the infant’s subjective experience in the early biotraumata can be inferred from dreams and fantasies which contain, as we know, attempts to undo previous traumata by repeating them. Especially conspicuous in this regard are the night terrors and nightmares in which the attempt of the dream to undo previous traumata deteriorates into their repetitions (Stern, 1951a).

Pavor nocturnus dreams are the traumatic dreams of the infantile traumatic neurosis: they repeat the early infantile biotrauma as shown by me (1951b, 1961). *Pavor nocturnus* represents the most pronounced experience of mortal terror connected with the feeling of annihilation, of vanishing, and dying. Underlying it is a physiological response containing all the elements of primary depression: sensorimotor retardation (stupor), inability to move and to breathe, and

circulatory disorders. It is the psychomotor retardation which underlies the ominous paralysis of the waking function in *pavor nocturnus*; and which is experienced by the sleeper as dying. That the sensations of suffocation, immobility, etc., that is, of dying, in *pavor nocturnus* are no dream fantasies but based on physiological processes, is shown by recent physiological investigations of *pavor nocturnus* connected with the REM periods by Gastaut and Broughton (1965).

Psychologically the dreamer experiences in *pavor nocturnus* a traumatic paralysis of the ego in face of the threatening destruction of the self. When we understand the signs pointing to *pavor nocturnus* in the material offered by the patient in symptoms, fantasies, dreams, free association, etc., we will be able to ascertain the deep-reaching impact of the infantile traumatic experiences on further development, on neurosis and symptom formation (Stern, 1953).

A patient's fantasy of being sat upon and breathed into counteracted a reminiscence of *pavor nocturnus* in which he felt choked. Another patient's passion for sailing mastered the fear of drowning, which had originated, as it often does, in nightmares. The attempt at their mastery became especially obvious in his passion for sailing at night into the unknown dark. At the age of 6 he used to train himself to live without breathing by covering his mouth with a pillow.

It is therefore understandable that in clinical material death is conceived as an eternal *pavor nocturnus*. Children and adolescents describe death in terms of immobility ("You can't get up and move when you want to", being "like a piece of wood"), of inability to breathe, to cry and yell (Anthony, 1940; Barnes, 1964; Chadwick, 1929; Kastenbaum, 1959; Nagy, 1959; Wahl, 1959). It is connected with the fear of the dark, the fear of a burglar breaking into the house at night and killing the child while asleep, which we know is a common symbol for the experience of *pavor nocturnus*. Death is conceived as a state of ultimate and final helplessness (Anthony, 1940; Benedek, 1956) as a state of eternal trauma. Previous traumatic situations have been overcome, but from death—as his observations tell the child—there is no recovery.

Adaptation to Death

Adaptation to death starts at an early age. The child at the age of 2 or 3 has already begun

to have some idea of death, usually in connection with the death of relatives or animals (A. Freud, 1960); at the age of 3½ a child is able to mourn. What is striking in the wake of the death of a beloved one is the regression, of children and adults, to previous phases of need gratification. Just as in *pavor nocturnus* the frightened child runs into the mother's bed, so children and adults in response to death regress to symbiotic wishes.

The child's fear of his own death is rarely dealt with in the literature. It seems to reach its peak with the so-called passing of the oedipal conflict.

Castration Anxiety

In the oedipal conflict, the onslaught of sexual drive intensity transforms the libidinal relationship which hitherto protected against object loss, into a source of danger. This is not only the result of threats of castration due to the view of the female genitals, etc. These factors are substantiated by the effect of the immaturity of the sexual apparatus, which is unable to reach gratification through discharge in full orgasm (Stern, 1953). Infantile instinctual needs therefore constitute a threat to the self and are repressed. Their breakthrough in dream fantasies produce *pavor nocturnus* attacks similar to the response to oral deprivation (Stern, 1951b). The oedipal conflict in cooperation with the growing ego functions—among them anticipation and empathy which furnish insight into his own and the parent's mortality—presses the child into separation-individuation. Fear of his own death comes into being.

As to the interaction between castration fear, separation fear, and fear of death we like to point at Freud's (1923) cautioning against the overestimation of the danger of castration, stressing that in the female the trauma of object loss is the most effective one. Clinical experience suggests the possibility that in both male and female castration fear is an elaboration of the response to the biotrauma of loss of object, that is, of the threat to the self which its repetition in *pavor nocturnus* conveys. In both male and female the feeling of nothingness elicited by the lack of the penis revives the fear of annihilation experienced previously; which then is defensively displaced on to the genital organs. The oedipal situation owes its central position to the interaction of separation fear, fear of castration and fear of death.

Technique

The usual technique purports to eliminate obsolete anxieties through confronting them with the reality-testing of the mature part of the ego. Freud explained the difficulties encountered in this attempt with repetition compulsion, inertia, and innate disposition. This paper suggests that the patient's clinging to neurosis might also be due to his use of infantile gratification for the purpose of warding off fear of death. The usual technique has therefore to be complemented by working through the amalgamation of these anxieties with the fear of the inevitable, ultimate trauma, as which death is envisioned. Defence, symptoms, and transference, therefore, have a Janus aspect; one anchored in the past and the other relating to the

future. Both aspects should be worked through. Anal regression may mean not only clinging to instinctual anal gratification, but also clinging to faeces as representative of the object and of the self in order to prevent the loss of both in death. Phallic trends may be defence against castration as well as defence against vanishing of the self into nothingness. The same may apply to loss of teeth, of hair, etc.

The interaction of fear of past trauma and fear of death may open a new dimension to our understanding and technique of neurosis and to our technique in treatment. Along with anxiety, we have in every neurosis to reckon, to a much greater extent than hitherto assumed, with depression emanating from the anticipation of future death.

REFERENCES

- ANTHONY, S. (1940). *The Child's Discovery of Death. A Study in Psychology*. (New York: Harcourt, Brace.)
- BARNES, M. J. (1964). "Reactions to the death of a mother." *Psychoanal. Study Child*, 19.
- BENEDEK, T. F. (1956). "Toward the biology of the depressive constellation." *J. Amer. Psychoanal. Assoc.*, 4.
- BERGMAN, P. and ESCALONA, S. (1949). "Unusual sensitivities in very young children." *Psychoanal. Study Child*, 3-4.
- BIBRING, E. (1953). "The mechanism of depression." In *Affective Disorders*, ed. Greenacre. (New York: Int. Univ. Press.)
- BRODSKY, B. (1959). "The self-representation, anality, and the fear of dying." *J. Amer. Psychoanal. Assoc.*, 7.
- BROMBERG, W. and SCHILDER, P. (1933). "Death and dying." *Psychoanal. Rev.*, 20.
- CHADWICK, M. (1929). "Notes upon the fear of death." *Int. J. Psycho-Anal.*, 10.
- DICKES, R. (1965). "The defensive function of an altered state of consciousness: a hypnoid state." *J. Amer. Psychoanal. Assoc.*, 13.
- EISSLER, K. (1955). *The Psychiatrist and the Dying Patient*. (New York: Int. Univ. Press.)
- ELKISCH, P. (1956). "The struggle for ego boundaries in a psychotic child." *Amer. J. Psychotherapy*, 9.
- ENGEL, G. L. (1962). "Anxiety and depression-withdrawal: the primary affects of unpleasure." *Int. J. Psycho-Anal.* 43.
- FEIFEL, H. (1959). *The Meaning of Death*. (New York: McGraw-Hill.)
- FENICHEL, O. (1937). "Early stages of ego development." In *Collected Papers*, second ser. (New York: Norton, 1954.)
- (1945). *The Psychoanalytic Theory of Neurosis*. (New York: Norton.)
- FISHER, C. (1965). "Psychoanalytic implications of recent research on sleep and dreaming." *J. Amer. Psychoanal. Assoc.*, 13.
- FREUD, A. (1960). Discussion of Dr John Bowlby's Paper. *Psychoanal. Study Child*, 15.
- FREUD, S. (1900). *Interpretation of Dreams*. S.E., 5.
- (1908). "Hysterical fantasies." S.E., 9.
- (1909). "Analysis of a phobia in a five-year-old boy." S.E., 10.
- (1915). "Thoughts for the times on war and death: our attitude towards death." S.E., 14.
- (1916). "On transience." S.E., 14.
- (1923). *The Ego and the Id*. S.E., 19.
- (1926). *Inhibitions, Symptoms, and Anxiety*. S.E., 20.
- (1933). *New Introductory Lectures on Psycho-Analysis*. S.E., 22.
- (1937). "Analysis terminable and interminable." S.E., 23.
- (1939). *Moses and Monotheism*. S.E., 23.
- (1940). *An Outline of Psycho-Analysis*. S.E., 23.
- FURMAN, R. A. (1964). "Death and the young child: some preliminary considerations: death of a six-year-old's mother during his analysis." *Psychoanal. Study Child*, 19.
- GASTAUT, H. and BROUGHTON, R. (1965). "A clinical and polygraphic study of episodic phenomena during sleep." In *Recent Advances in Biological Psychiatry*, Vol. 7, ed. Martie. (New York: Plenum Press.)
- GROTHJAHN, M. (1960). "Ego identity and the fear of death and dying." *J. Hillside Hosp.*, 9.
- JASPERS, K. (1963). *General Psychopathology*. (Manchester: Manchester Univ. Press.)
- JONES, E. (1931). *On the Nightmare*. (London: Hogarth.)
- KASTENBAUM, R. (1959). "Times and death in

- adolescence." In *The Meaning of Death*, ed. Feifel.
- LICHTENSTEIN, H. (1961). "Identity and sexuality." *J. Amer. Psychoanal. Assoc.*, 9.
- MCDONALD, M. (1964). "A study of the reactions of nursery school children to the death of a child's mother." *Psychoanal. Study Child*, 9.
- MAHLER, M. S. (1952). "On child psychosis and schizophrenia." *Psychoanal. Study Child*, 7.
- (1965). "On the significance of the normal separation-individuation phase (with reference to research in symbiotic child psychosis)." In *Drives, Affects, Behavior*, Vol. 2, ed. Schur. (New York: Int. Univ. Press.)
- MOON, V. H. (1942). *Shock, Its Dynamics, Occurrence and Management*. (Philadelphia: Lea & Febiger.)
- NAGY, M. H. (1959). "The child's view of death." In *The Meaning of Death*, ed. Feifel.
- NUNBERG, H. (1955). *Principles of Psychoanalysis*. (New York: Int. Univ. Press.)
- PFISTER, O. (1930). "Shockdenken und Shockphantasien bei höchster Todesgefahr." *Int. Z. f. Psychoanal.*, 16.
- RIBBLE, M. A. (1944). "Infantile experience in relation to personality Development." In *Personality and the Behavior Disorders*, ed. Hunt. (New York: Ronald Press.)
- SCHUR, M. (1953). "The ego in anxiety." In *Drives, Affects Behavior*, ed. Loewenstein. (New York: Int. Univ. Press.)

- (1960). Discussion of Dr John Bowlby's Paper. *Psychoanal. Study Child*, 15.
- SEYLE, H. (1950). *Stress*. (Montreal: ACTA.)
- SNYDER, F. (1965). "Progress in the new biology of dreaming." *Amer. J. Psychiat.*, 122.
- SPITZ, R. A. (1954). "Infantile depression and the general adaptation syndrome." In *Depression*, ed. Hoch and Zubin. (New York: Grune & Stratton.)
- (1957). *Yes and No*. (New York: Int. Univ. Press.)
- STERN, M. M. (1951a). "Anxiety, trauma and shock." *Psychoanal. Quart.*, 20.
- (1951b). "Pavor nocturnus." *Int. J. Psychoanal.*, 32.
- (1953). "Trauma and symptom formation." *Int. J. Psychoanal.*, 34.
- (1957). "The ego aspect of transference." *Int. J. Psychoanal.*, 38.
- (1961). "Blank hallucinations: remarks about trauma and perceptual disturbances." *Int. J. Psychoanal.*, 42.
- (1964). "Prototypes of defences." *Int. J. Psychoanal.*, 45.
- (1968). "Neurosis and fear of death." *J. Amer. Psychoanal. Assoc.*, 16.
- WAHL, C. W. (1959). "The fear of death." In *The Meaning of Death*, ed. Feifel.
- WOOLF, M. (1955). "On castration anxiety." *Int. J. Psychoanal.*, 36.

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COMMENT ON Dr STERN'S PAPER¹

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In preparing this discussion, I first read a longer draft of Stern's presentation, and then reviewed his earlier contributions, to familiarize myself with the terminology he prefers as well as to place his current paper in proper perspective in the development of his thinking. My remarks will be directed, however, to the paper published here.

I find myself in immediate sympathy with two of Stern's observations. Regarding man's denial of a fear of death, I have become convinced that adults often have as much difficulty accepting a

child's awareness of, and response to, death as we are used to thinking of as their response to infantile sexuality. Although the mechanisms and motive forces may differ in the two instances, the effective end results are quite similar. And, like Stern, I too have been struck by the young age at which a child, often apparently unobserved, begins to come to grips with the question of death. Because of the resistances that must be inherent in this particular topic, it merits careful scrutiny.

Stern's paper has, in essence, two aspects:

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

clinical and theoretical. I had anticipated a difficulty in approaching the clinical material as at first I could not recall an analysis with whom I had worked through a fear of death as a specific part of treatment. But his case histories soon brought examples to mind. I was struck with the manner in which the first patient, late in a long and careful analysis, elicited the interpretation of the analyst as the protector against death. The response of the patient in the intense perception of his fear of dissolution or annihilation rang true. Likewise did his regression to symbiotic-like wishes with their strong accompanying oral overtones. When death is construed as "the amalgamation of these obsolete infantile anxieties", the successful resolution of these anxieties in the working through of the fear of death is most cogent. And here, I believe, Stern makes an important clinical or technical contribution: with patients apparently partially arrested at this stage of symbiotic-like relationships, the meaningful and feelingful material may be hidden in their unspoken fear of their future death.

It is to the theoretical aspects of Stern's paper that I would like to direct the bulk of my remarks, presenting his formulations in terms more familiar to me and from a perspective that facilitated my understanding.

Death I am used to thinking of as the absence of life and, on this premise, would imagine that whatever destroys an awareness of life will be perceived as death. In its simplest terms, an awareness of life would require a rudimentary ego and whatever might abolish the integrity of that ego or, more strongly stated, obliterate that ego, could only be perceived as akin to death.

Turning to Miss Freud's "Prototype of a Developmental Line: From Dependency to Emotional Self-Reliance and Adult Object Relationships", I would like to focus for the moment on the first two steps that she describes. The first is that of

the biological unity between the mother-infant couple, this period subdivided according to Mahler into its autistic, symbiotic and separation-individuation phases.

The second is of

the part object or need fulfilling anaclitic relationship in which the object cathexis is sent out under the impact of imperative demands and withdrawn again when satisfaction has been reached.

It is the mother's continuous successful fulfillment of the infant's needs that enhances his awareness of her as an object, promoting his development from the phase of biologic unity to that of the part object and then to the next phase in which her internal representation remains constant, aside from the fulfillment of needs. Failure to receive the average expectable response from the mother in these early periods can but prolong the phase of biological unity, and subject the infant to periods when his inner needs are unmet and when these primitive demands are more than the rudimentary ego can tolerate. The unassisted or abandoned ego is then perhaps at the mercy of these demands, as is the mature ego at the mercy of the superego in melancholia. It would seem that recurrent overwhelming of the immature ego by these inner needs can lead to its temporary dissolution or annihilation. As the unsatisfying mother begins to emerge belatedly as a part object, she will draw to herself an aggression phase appropriately experienced in oral terms. Since she remains a poorly differentiated object, these orally aggressive wishes will seem to emanate from without as much as from within.

Emphasis on the mother's failure in the need-fulfilment phase helps me consider the material Stern brings. I believe the interpretation of his inability to protect his patient against death revived first anxieties of being unprotected against inner demands in the period of need fulfilment. In response to this anxiety the patient attempted to regress to the period of symbiotic or biological unity. The patients he describes seem like those Angel recently reported as pseudo-symbiotic, regressing towards, but not arrested at, this earlier phase of development. Their anxiety is, as Stern most helpfully points out from his knowledge of German, one of abandonment in a situation of extreme danger whose prototype was the abandonment of the ego to its annihilation by the infant's inner unmet demands. Miss Freud has, I believe, insisted on reserving the term separation anxiety to this situation of abandonment, not using this term to describe the anxieties of the 3-year-old about his ambivalence or control of his impulses in his mother's absence.

Although these stages in development must be traversed by all, I question if all with psychoneuroses have been so repeatedly and consistently allowed to be overwhelmed in the need-fulfilment period to make this phase always traumatogenic and thus to make fear of annihilation common

to all neuroses. Further, I would question if all so traumatized in the need-fulfilment period would utilize the one mechanism of projecting this early separation anxiety ahead in time entwining it with the fear of death. And I raise

these questions despite my impression that with patients with pseudo-symbiotic object relationships analysis of their consciously felt fears of death may often be overlooked and may offer a most significant technical opportunity.

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PSYCHOLOGICAL CONCOMITANTS OF EGO FUNCTIONING IN CREATIVITY¹

PHILIP WEISSMAN, NEW YORK

In a recent study (Weissman, 1967) I suggested that the ego's role in creativity is more active than a controlled regression in the service of the ego (Kris, 1944) and minimally involves the utilization of two specific ego functions. Briefly, I postulated a dissociative or desynthesizing function as essential for the temporary liberation of the established order of the psyche, so that newly available drive discharges could be restructured with the aid of the ego's synthetic (Nunberg, 1931) or integrative (Hartmann, 1955) function into new and creative products. The genetic roots of the dissociative function were traced to early development when the new influence of the reality principle demands an alteration of the existing established order of the psyche under the pleasure principle. It is the dissociative function of the ego which repeatedly undoes a previously established stage of psychic development (oral, anal, phallic, etc.) so that a succeeding stage may come into a reigning development.

Correlated with the highly developed combination of dissociative and synthetic functions in creative people, other psychological factors in creative functioning need to be re-examined. The role of sublimation and neutralization should be re-evaluated as to whether or not they are as indispensable as we think for creative functioning. The childhood (and infancy) of the artist, as Greenacre (1957) has recently reconstructed it, should be further elaborated upon in light of these concepts of ego functioning in creativity. I shall consider first the origins of typical characterological traits of creative people which will be considered to have been derived from their special mode of ego functioning.

In the broadest terms, the public often characterizes the creative person as dreamy, odd, crazy, eccentric, rebellious, and non-conforming. Although such traits are not always present in every talented person, it may be said they are frequently characteristic as well as characterological. These personality traits are by-products of his endowment and the prominent dissociative function which is directed towards the constant undoing of an established adjustment to man's inner and external world.²

It is my contention that the character traits of the creative personality begin to develop early in life and thread their way through the various phases of psychosexual maturation and development, mainly under the domination of the archaic desynthesizing function. Freud (1916), in his study of the exceptions, showed that character may be shaped by congenital endowment. While his study dealt with the congenitally maimed, the present study deals with the congenitally gifted. It is suggested and demonstrable that the special endowments of the creatively gifted person operating under the essential influence of the desynthesizing function lead to the character traits of oddness, eccentricity, rebelliousness, and obstinacy.³ Rebelliousness and obstinacy are consistently present in creative personalities. Additional reinforcement of the latter two traits may occur during the creative person's anal phase of development. Characterological and other attributes useful for creativity also emerge during the phallic phase which will be discussed later.

The characterological features of oddness, eccentricity and nonconformity have often been considered as indicative of either ego weakness

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967, and in an extended version at meetings of the Psychoanal. Assoc. of New York and the Washington Psychoanal. Soc., September/October 1967.

² The creative character is neither correlated with nor confined to highly creative talent. There are people who are driven and dedicated to create regardless of their ability to succeed. Such people have a propensity

towards the utilization of the dissociative function but fail at resynthesizing original creations. Their shortcomings are usually due to insufficient creative talent.

³ Innumerable psychobiographical studies of creative lives would suggest a derivation of these character traits from the desynthesizing function. My own studies (1965) of the lives of Shaw, O'Neil, Ibsen, Stanislavski bear witness to a correlation between personality traits and ego functioning.

or ego regression. Since these character traits are herein considered as allied with the desynthesizing function of the ego, this revives the issue, discussed elsewhere (Nunberg, 1931) as to whether these archaic functions of the ego represent regressible features of the ego⁴.

Recent studies of ego functioning (Arlow and Brenner, 1964) emphasize the normalcy of the coexistence of archaic and mature ego functions. In a more current study Brenner (1966) suggests that

we should revise our ideas of what is to be considered normal with respect to ego functioning in the adult . . . Perhaps disharmony, inconsistency, disregard of external reality and other characteristics which at present we regard as signs of immaturity or regression of ego functioning, are characteristic of ego functioning in normal adults as well.

Elsewhere, it has been suggested that the dissociative function originates very early in ego formation when the reality principle comes into conflict with the pleasure principle (Hartmann, 1955). In spite of its archaic origins, the dissociative function (which serves to disrupt an established state for progressive development) retains a lifelong usefulness in psychological maturation. It plays a predominant role in the preliminary phases of latency, puberty, and adolescence. In adulthood the desynthesizing function permits a malleability of the ego (equivalent to Freud's concept of flexibility of repression and Kris' regression in the service of the ego), enhancing creative activity.

Since the desynthesizing function may be operative in infancy as well as childhood, there is a need to re-examine and modify, if necessary, current theoretical models of the early development of the creative person. Greenacre (1957) has suggested that the earliest manifestation of the creative artist's endowment is his greater sensitivity to sensory stimuli, especially in response to the texture, contour, smell and taste of the mother's breast. Whether these special responses of the infant-artist would be realistic perceptions or hallucinated responses to the mother's breast has as yet not been conjectured. It is my impression that the artist-to-be infant may perpetuate his hallucinatory response to the temporarily absent mother's breast long after its usefulness as a means of allaying hunger. With the aid of the dissociative function, he

may partially decathect the external object (mother's breast) and hypercathect his imaginative perception of it. He may then further elaborate and synthesize these self-created perceptions as anlagen or precursors of creative activity which must then await full maturation and development of his ego and his talent for true creative expression. While Freud (1908) assumed that creative people find an early outlet and refuge in their play as children, he offered no suggestions about displays of creativity earlier than childhood.

In normal development, it is assumed that the hungry infant temporarily in a state of need hallucinates the mother's breast as long as it is absent. He may then fully recathect the breast when it reappears and becomes available. The potentially creative infant probably begins his development the same way. But, subsequently, he may retain his cathexis of the hallucinated object as he intensifies and elaborates his relationship to these self-created perceptions with his special equipment for "greater sensitivity to sensory stimuli and his unusual capacity for awareness of relations between stimuli" (Greenacre, 1957). To accomplish this special elaborate relationship to partially hallucinated perceptions, the potentially creative infant may dissociate from or desynthesize his libidinal investment in the real breast. The mother's breast would then be responded to as a more perfunctory but nevertheless essential object. Greenacre has suggested that the ego's capacity to dissociate itself from real objects may play a considerable role in the future artist's capacities for a collective object and "love affair with the world" (Greenacre, 1957).

What, for example, is the difference between a sculptor's and a non-creative viewer's response to a female nude? The latter's scopophilic response is more restricted to the external object and its usefulness to his personal psychic and physiological needs. The sculptor is capable of similar responses but is not restricted to them. His scopophilic impulses in the service of his higher sensorial activity are capable of more intense responses to and elaboration of his self-created perceptions of the objects. Aided by his unusual capacity for awareness of relations between stimuli, he is driven to synthesize and then recreate a realization of his own perceptions. Genetically reconstructed, these psychological

⁴ It also revives the older issue as to whether creativity and psychopathology are hopelessly intertwined reflections of regressive states.

processes may be retraced to the infancy and childhood of the artist wherein we may find that he is driven by the nature of his artistic endowment to preserve (or immortalize) his hallucinated response to the mother's breast independent of his need gratifications. Utilizing his dissociative function, he thus partially detaches his libidinal investment in the object.

To what extent does the creative person's special capacity for and special form of desexualization of the object constitute the well-known process of sublimation which is common to all men? It is here suggested that these two processes of neutralization are distinctly different from each other genetically, developmentally, and structurally. Sublimation, in the classical sense, is considered to be a consequence of the resolution of the oedipal conflict in which the child's sexualized feelings for the parent of the opposite sex and the hostile feelings for one of the same sex are neutralized.

From Freud's earliest published formulation on sublimation in 1905 to his last in 1938, he suggested that the process of sublimation occurs during post-oedipal development. In his *Three Essays on Sexuality* (1905a), he states that it is

a process which deserves the name of "sublimation". To this we would add accordingly that the same process plays a part in the development of the individual and would place its beginning in the period of the sexual latency of childhood.

In his final comments on sublimation in *An Outline of Psycho-Analysis* (1940) Freud places the full development of sublimation "at puberty, in a fourth genital phase". He frequently implied that the drives commonly sublimated are pre-oedipal ones⁵, although the process of sublimation first takes place after the oedipal phase and is a consequence of oedipal resolution and superego formation.

In contrast, the artist-to-be child's detachment from his love objects is established early in pre-oedipal life and results from the ego-processed activities of the dissociative function. Furthermore, the desexualized object relationships derived from sublimation, developing as they do from the oedipal conflict, do not emerge from conflict-free spheres of development and therefore are not primarily autonomous in

contrast to the creative person's earlier developed capacity for detachment from objects which is relatively free of conflict and autonomous.

In the terminology of current ego psychology, the artist's neutralization of his drives and his objects are more autonomous pre-oedipal ego processes; whereas post-oedipal sublimation and de-aggressivization are usually developed later, are less autonomous, and are superego derived processes. It is of clinical as well as theoretical importance to ascertain whether an analysand's available neutralized energy, as in sublimation, is derived from a secondarily-gained ego function, since such an ego function is more susceptible to regressive re-institutionalization. It is equally helpful clinically to know that in the treatment of creative people the ego functions essential to release the neutralized energy for creative work are more autonomous and less regressive. It is a familiar phenomenon (often unaccounted for) in clinical practice to see creative people with severe regressive psychopathology able to maintain a high level of creative functioning.

To suggest additional avenues by which special pre-oedipal neutralization is achievable no doubt complicates the already existing confusion in the understanding of sublimation and neutralization. But we are at least liberated from the formerly unexplained dilemma of the coexistence in an individual of highly creative activity and severely sexualized regressive ego functioning which we see too often. The coexistence of sexualization and creative functioning is not only seen clinically but is clearly evident in many biographical and psychobiographical studies of creative personalities. Greenacre has suggested the importance of "understanding special conditions of early ego development and of sublimation in creative people". She also suggests (1957):

It is also possible that in very gifted people a process comparable to sublimation in those of more than average endowment does not occur, inasmuch as they possess much more mobility of libidinal energy, and change of aim and object is achieved with greater flexibility . . .

Although she notes the vital distinction between sublimation and the artist's development of neutralization, my views still have some significance—

⁵ Freud wrote: "They (the perversions) are a development of germs all of which are contained in the undifferentiated sexual disposition of the child and which, by being suppressed or by being diverted to higher asexual

aims—by being 'sublimated'—are destined to provide the energy for a great number of our cultural achievements."

cant divergences from hers. Greenacre suggests the importance of an inherent "mobility of libidinal energy", whereas I have emphasized the vital role of the highly developed dissociative function of the ego which brings about the "greater mobility of instinctual energy". Greenacre further suggests that sublimation does not occur in gifted people. I would suggest that sublimation eventually occurs in gifted as well as ordinarily endowed children but is inconsequential to or, at best, of secondary significance in subsequent creative functioning.

Hartmann (1955) has suggested that sublimation be extended in its usage to include the "sublimation of ego functions" as well as the sublimation of instincts. Such a broadening of the concept of sublimation may have served to expand and modernize the formerly confined application to instinctual drives in the original concept of sublimation to the advent of ego psychology; but it does not clarify or specify the role of the process of sublimation as it applies to creative mental functioning. The pre-oedipal structure of the neutralized energies of creativity are not clearly enough considered in our current theories of sublimation and neutralization. Hartmann views creativity as "a striking example of sublimation", thus perpetuating the original liaison suggested by Freud between creativity and sublimation—a formulation which is difficult to demonstrate clinically.

The present thesis suggests that the creative capacities of the ego are not incompatible with either normal or pathological oedipal conflicts and resolutions. The capacity for creative activity is neither restrained nor obliterated by the absence of sublimation due to pathological psychosexual development. But the presence of psychopathology may affect the nature of the creative contents and the constancy of creative flow. There is little doubt that the sublimation derived from a sound resolution of the oedipal conflict may secondarily enhance the consistency and quantity of creative productivity. Besides sublimation there are many other secondary reinforcements of the ego's capacities for creative activity which come from earlier stages of infantile sexuality. Previously, it was stated that the anal phase may re-enforce character traits such as obstinacy and non-conformity so frequently seen in the creative personality. These given anal character traits

may serve to supplement the more autonomous dissociative functions of the ego in shaping the personality and activities of the highly gifted. The phallic phase provides the developmental occasion for the acquisition of the experience of awe (derived from the reactions to the tumescent penis) which is the precursor of the sensorial experience of creative inspiration (Greenacre, 1956).^a

It should not be overlooked that the endowments and early established ego capacities and character traits of the creative personality have in turn the tendency to dominate and use the individual's psychosexual development for creative needs. Whatever the outcome of the infantile psychosexual course (i.e. normal or pathological), the resultant constellations are utilized by the dissociative function of the creative personality to shape his specific creative direction and contributions. I shall attempt to illustrate these formulations with examples from my own investigations.

A pre-oedipal or post-oedipal identification of a male child with the mother often encompasses the maternal desire to rear and train children, as in the case of Little Hans and my own clinical cases that I have described elsewhere (Weissman, 1965). Such identifications are motivating forces and essential constellations for would-be directors (of plays, music, etc.) who guide the work of performers (actors, musicians, etc.). Defective body image development due to regression or to an incomplete development of fully differentiated self and object representation is a positive motivation to become an actor (Weissman, 1965). It may also serve as a positive condition for the actor-to-be child's capacity to fill the void of his body image with future dramatic roles (Weissman, 1965). Acting out may be usefully harnessed by the ego's dissociative function and usable to dramatists in the creation of enactable dramas (Weissman, 1965).

There is the need and temptation to digress from the purely theoretical considerations of this study and to offer clinical and psychobiographical evidence to reinforce and corroborate these formulations. Since such studies have been previously published, suffice it to note that the studies of the lives of Edwin and John Wilkes Booth, Stanislavski and Gordon Craig, Shaw, and O'Neil (Weissman, 1965) as actors, directors,

^a The contribution from libidinal development to creative development has already been discussed here

and elsewhere (Weissman, 1967), as well as by others (Greenacre, 1957; Hartmann, 1955).

and dramatists respectively bear testimony to the suggested hypotheses on the role of ego functioning in the development of creative careers and creative efforts. In each category (actor, director and playwright) as well as in the other categories, my own clinical cases substantiate these formulations on the significant role played by the dissociative function in the shaping of the creative course in any given psychosexual development.

The dissociative function enables the creative person with either severe or no psychopathology temporarily to detach his creative self from his personal self (Greenacre, 1957). Since the creative self may be derived from a pathological personal self-image, its utilization may produce a highly creative product which may be revelatory rather than symptomatic of psychopathology (Weissman, 1966).

Greenacre (1957) suggests that talented people have a "kind of incomplete organization of libidinal structure . . . [which] . . . may predispose to intense episodes of dissociation (and) are . . . of less ominous prognostic significance than would be true in the less gifted person." It is unstated as to whether or not these periods of dissociation are related to creative activity. What Greenacre assesses to be "episodes of dissociation" I would consider to be a reflection of the ego's dissociative function during creative phases. To view it as an ego function rather than as an episode clarifies not only that it is less ominous but that such dissociative activity in creative people is indicative of functioning ego strength.

The highly developed dissociative function may dominate and prevail over many other ego functions and capacities, such as reality testing

and the status of primary and secondary thought processes. Creative imaginative flourishes in a transient state of dissolution of the supremacy of the reality principle over the pleasure principle and a transient state of disregard for the superiority of secondary over primary thought processes (Freud, 1908). Under such modifiable conditions of the ego, brought about by the dissociative function, new and original syntheses are created.

In summary, various aspects of psychosexual development in creative personalities and mental functioning in creative activity have been investigated in correlation with the concept that the co-ordinated activities of the dissociative and synthetic functions of the ego are essential features of creative processes. The aspects of psychosexual development of creative people that have been considered are the nature of their character traits, further elaborations on the organization of drives and object relations in their infantile and childhood development, and the role of sublimation.

Oddness, eccentricity, rebelliousness and obstinacy are frequently found character traits formed early in life from the highly developed and essential desynthesizing function. With the aid of this ego function, the neutralized energy developed and utilized by creative people, differs from energy derived from sublimation. It is more autonomously achieved, pre-oidipally attained, and not confined to the pre-oidipal drives as its main source of supply. His special mode of ego functioning may enable the creative person early in infancy and childhood to accomplish unique processing of his object relations, which may be subsequently significant in his creative work and his creative direction.

REFERENCES

- ARLOW, J. and BRENNER, C. (1964). "The concept of regression and the structural theory." In *Psychoanalytic Concepts and the Structural Theory* (New York: Int. Univ. Press).
- BRENNER, C. (1966). "Archaic features of ego functioning." Read at a meeting of the Philadelphia Psychoanalytic Society.
- FREUD, S. (1905a). *Three Essays on the Theory of Sexuality*. S.E., 7.
- (1905b). "Fragment of an analysis of a case of hysteria." S.E., 7.
- (1908). "Creative writers and daydreaming." S.E., 9.
- (1916). "Some character-types met with in psycho-analytic work." S.E., 14.
- (1940). *An Outline of Psycho-Analysis*. S.E., 23.
- GREENACRE, P. (1956). "Experiences of awe in childhood." *Psychoanal. Study Child*, 11.
- (1957). "The childhood of the artist." *Psychoanal. Study Child*, 12.
- HARTMANN, H. (1953). "Contributions to the metapsychology of schizophrenia." In *Frontiers in Ego Psychology*. (New York: Int. Univ. Press, 1962).
- (1955). "Notes on the theory of sublimation." *Ibid.*

KERN, P. (1944) "Approaches to art." In: *Psychoanalytic Explorations in Art*. (New York: Int. Univ. Press, 1952.)

NEWMAN, H. (1931) "The synthetic function of the ego." *Int. J. Psycho-Anal.*, 12.

WEISSMAN, P. (1963) *Creativity in the Theater* (New York: Basic Books, 1963, Dell, 1964.)

— (1967) "Theoretical considerations of ego regression and ego function in creativity." *Psychosocial Quart.*, 36.

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COMMENT ON Dr WEISSMAN'S PAPER¹

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Weissman reminds us of the many fascinating facets inherent in the study of the creative process. Using the ego as a referent he discusses important psychic functions in a sophisticated fashion which emphasizes that he has been creative in his own right. I can do justice to his ideas only by examining some directly with the view of indicating both my agreement, which is for the most part enthusiastic, and where I believe modification and extension would further our pursuit of this appealing topic.

It is obvious that Weissman is very much involved in the study of creativity. I have noticed that whenever this subject is discussed, participation is vigorous. This, in itself, is a phenomenon worthy of study. Why should the creative process stimulate so much interest while other areas of psychic functioning attract some investigators but do not have universal magnetism? In workshops, discussants frequently quote personal experiences revealing that they value their own creativity. Creativity and self-esteem are directly proportional for many persons and the study of the creative process may awaken magical fantasies of becoming one with the subject. Still, this formulation is begging the question because it does not explain why the ability to create is so easily incorporated into the ego-ideal and becomes a topic of extreme interest.

Perhaps an important factor is that producing something that did not previously exist is imbued with magical omnipotent control of both the inner and outer world. The artist or scientist is able to retain his fundamental narcissism but in

a sophisticated structured context. The need to master is successfully exercised, autonomy and the sense of controlling one's destiny are enhanced. The creative product is accompanied by an expansion and accretion to the creator's ego. In other words, by creating one is gaining psychic structure. Furthermore, this is accomplished seemingly without dependence upon external objects. To transcend one's neediness is an unattainable aim but understandably sought.

Weissman presents the unprovable but ingenious idea that the creator during infancy has the ability to hallucinate the mother's breast independently of oral needs. Regardless of whether this is true, I agree with his thesis that the creative ego is better able to "register" experiences of early childhood and then later recombine them.

This capacity can be considered another variation of transcending one's needfulness. The solution of a problem requires that the ego integrate functional introjects (past adaptive experiences) with the reality situation. To achieve mastery the ego's integrative and synthetic systems draw upon them. The executive system then responds appropriately. This process, although productive, is not necessarily creative and depends upon the possession of adaptive techniques. The creator produces "something from nothing". He achieves synthesis without the memory trace and creates a functional introject that adds to his adaptational range. This constitutes an accretion, a further structuring of the ego which is achieved relatively autonomously.

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

Weissman stresses that, rather than a complete absence of the memory trace, memories of past experiences, in themselves inappropriate responses, are combined with other experiences in a unique and novel fashion. The combination did not previously exist.

Producing something from nothing applies to sensory as well as memory systems. Both Greenacre and Weissman write about the unusual sensitivities of artists. I have noted that creative scientists have the ability to make themselves feel and experience when apparently there is no corresponding reality to account for such feelings. They then construct a reality that is congruent with their inner feelings. There are many factors involved in the evoking of sensations, *sui generis*. Particularly relevant is the easy access the creator has to his unconscious and his ability to derive pleasurable stimulus from id impulses. A patient spoke of recharging his battery but it was a charge that derived power, not from external objects, but from within himself, clearly primary process elements.

To revert to states where primary process and omnipotent fantasies are prominent leads to the question of the role of psychopathology in creative experience. I agree that one has to make a distinction between creativity and mental illness. Although the creative ego is close to the id, secondary process elements are also available and instead of panic and dissolution one notes zestful enthusiasm.

An ego that has the mobility to move back and forth along the primary-secondary process axis as well as function simultaneously with both primary and secondary process is able to use psychic mechanisms that have been considered

characteristic of early development levels. Weissman believes that dissociation is a fundamental mechanism used by the creative psyche. This is an especially apt mechanism because it leads to partitioning of psychic elements and their recombination into the creative product.

As previously stated, I also believe that the creation of new gestalts from previously disparate elements is part of the creative process. However, when the ego *chooses* to use a dissociative mechanism rather than be compelled because of intrapsychic chaos there are differences in adaptive and defensive responses. The choice of an adaptive mechanism is only relatively autonomous but it is the degree of spontaneity that distinguishes the creative ego's response from the regressed decompensating ego.

Dissociation in the creative ego has some similarities with but many differences from that occurring in pathological states. Weissman, in another paper, distinguishes dissociation in creativity from pathological regression. In view of the flexibility of the creative ego the dissociative process is also flexible. It is one mechanism among many and is transitory, used only when advantageous. Reality testing is never really given up. In this context dissociation is part of an integrative process rather than a last-ditch attempt to prevent a catastrophic fragmentation.

The subtleties and nuances of the ego mechanisms of the creative process are many and varied and can illuminate us about man and his misery as well as the opposite end of the emotional spectrum, man achieving the ultimate ego ideal, the exquisite joy of adding to his world and autonomously promoting his ego structure.

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ON AFFECT CONTROL¹

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This paper is an inquiry into the first noticeable phases of affect mobilization, affect change, and affect control as observed in the analytic session. The patients had already settled down in their transference neurosis and had acquired the necessary introspection for reporting their inner experiences. As a matter of course, the analytical set-up contributed to a slow-down and to a better registration of what was going on. The spontaneity and immediacy of the communications enhanced the directness of the patients' reports. In the first part of the paper, some clinical-theoretical aspects of control and mobilization of the affect of being "sad" are investigated.

As a point of departure I use a phenomenon that we often notice in our daily practice. We hear from our patients that they have a definite control over affect mobilization during the analytic session. They refer on such occasions to their capacity to choose between two possibilities, namely to slip deeper into an already present affect state or to "snap out" of it. This control is applicable only in the earliest phases of affect mobilization in the session. I found that this ability may be present in all neurotic as well as in certain schizophrenic patients. The most important pre-condition of snapping out seems to be that the affect should be attached at its most superficial functional level to a well-circumscribed, isolated mental representation (image, thought, attitude, etc.). The moment this stage is passed, snapping out becomes increasingly difficult, and eventually the elements are operating, the snapping out, the complete affect change, may succeed.

ego loses this capacity for active control.

In the process of the mobilization of a certain affect, a variety of "being sad" is experienced and reported by the patient. These affect signals are always attached to a corresponding variety of images and thoughts. While these "sadnesses" may eventually form an affect compound in

which individual elements are no longer discernible, at the beginning while not too many

The central observing ego agency is able to watch these affective signal mobilizations. There are multiple "splits" between the functioning and oscillating ego units that carry these signals. These splits enable the ego to observe and experience specific shades of "sadness" separately from one another. However, when too many shades of affect attached to a multiplicity of ego carriers are operating simultaneously, integrated self-observation and self-awareness are abandoned. The control, the feeling of "being able to snap out", is lost and a compound affect complex takes over the operational field. The control of the central, optimally adapted ego ceases to operate and even a well-integrated ego becomes transiently the passive victim of an uncontrollable mood or affect storm. The problem of mood mobilization and de-mobilization is conceived in the present frame of reference as follows. To snap out of a sad mood is feasible only if a mood of very brief duration is attached to a clear-cut thought, image, or action. Beyond a certain narrow limit, however, the patient becomes a victim of his own mood.

We often observe the reverse process when after a successful interpretation series the ego is able to focus on a specific genetic, dynamic, etc., aspect of the mood and this may pave the way for a particular affect signal. Thereafter the hitherto complex mood that always contains superego and id sources may be replaced by a single affect, which represents a relatively clear ego signal. This process represents the main thesis of this paper, i.e. that the decisive factor in affect control after beginning mobilization is whether the affect operated as an ego signal proper or as an affect complex that is more of a drive-derivative or discharge nature. The latter represents an intersystemic process, the former a relatively less complex intrasystemic ego-signalling.

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967. An extended version of the paper is published in *Psychoanal. Study Child*, 22.

To illustrate my thesis I present certain aspects of affect mobilization and affect control in a young male patient with a not too severe character neurosis. He came into the session and said that he was sad because the day was the anniversary of his father's death. He shed a few tears and then the thought of my impending vacation came to his mind. He knew the transference implications of this thought and this put him into a mood of less sadness; "it was a bargain", compared with his previous sadness.

Soon two additional shades of sadness signals joined them and were kept separated from the previous signal affects. Thus the patient experienced the following sadnesses simultaneously or oscillating in quick succession:

- (i) sadness about father's death;
- (ii) sadness about analyst's vacation;
- (iii) sadness about wife's instability;
- (iv) sadness about his son's exaggerated dependency on his wife.

In addition more affect shades of sadness joined in the loose complex:

- (v) sadness about his mother's present plight;
- (vi) sadness about his mother's ailing cousin.

There was the conspicuous presence of a central reality-adapted ego agency which constantly weighed the changing types of sadness and kept a running selection on them. Thus the patient had a rather well-established feeling both of being in control over these oscillations of sadnesses and of being able to snap out of any of them if he really wanted.

This type of mobilization and de-mobilization went on for a while, accompanied by a feeling of control over snapping out and slipping in. However, with the progress of free association the central ego's control gradually decreased. Eventually the mood of sadness was overshadowed by a pervasive feeling of loneliness and finally by a feeling of being depressed. We may state that at this stage of affect mobilization the sphere of conflicts transgressed the boundaries of the ego, and this was indicated and promoted by the emergence of substantial archaic superego functions (i.e. depressive mood). Feelings of bitterness and loneliness brought to the fore aggressive drives with accompanying additional affects.

The previous ego signal affects gave way to affects that were closer to aggressive drive derivatives as manifested by oppressive superego presence in the depressive mood. These processes are also an illustration of Hartmann's conceptualization about autonomous functions being

drawn secondarily into the sphere of conflicts.

The material discussed suggests the following theoretical considerations:

(1) The first stages of affect mobilization appear as intrasystemic events if relatively non-traumatic circumstances prevail.

(2) As the next step in affect change a different shade of the same affect appears and it is attached to a new group of images, thoughts or self- and object-representations. This new affect shade may be of a regressive nature or of a more adaptive character. Some additional shades of the same affect (in our case, the affect of sadness), appear.

(3) These affect carriers represent mainly intrasystemic mobilization and de-mobilization events as indicated in their relative maturity, adaptive capacity, and controllability from the point of view of anticipatory affect signalling. Gradually the affective colouring is changed by additional affects that definitely bear the signs of superego-induced signalling or are the affective accompaniment of relatively direct drive-representation of libidinal and aggressive nature.

At this stage the previously almost completely intrasystemic mobilization processes become increasingly intersystemic ones. Blurring of the structural boundaries and a general tendency to regression take place. Strong archaic superego-induced affects, guilt and a variety of other feelings appear on the one hand; on the other hand, drive representations carry affect components which overcome the well-adapted signal regulations of the ego.

(4) A further important characteristic of this transition from intrasystemic to intersystemic affect mobilization is the disappearance of the "splits" among the operating representations which carry the affect signals. These splits enable the observing agencies of the ego to experience and to keep affects apart. As a consequence of these splits, the individual affect carriers and their signalling do not become overwhelming and there is an obstacle to the formation of a pervading mood. The affects are clearly separated from one another and the patient has a distinct feeling of a certain control ability, i.e. of being able to snap out or to let himself go. At this stage of affect control these splits operate on a relatively superficial level and seem to represent adaptive and integrative aspects of isolation.

The moment the process becomes predominantly intersystemic these splits disappear and the feeling of being able to control and the

actual capacity to control the affect cease to operate. (Freud (1926) referred to the importance of isolation in thinking; Eissler (1958) has hypothesized on biological models of isolation.) Jacobson (1957) seems to assume that this "inner dichotomy" (as she called what may correspond to these splits) is characteristic of states of sadness and grief and she attributes these states to intersystemic events.

Similar observations in depression and in depersonalization led to a detailed observation of anxiety-control and mobilization. As an illustration I am going to discuss the formation of anxiety during dreaming as it was reflected in a patient's manifest dream.

A male patient was involved in some sort of anti-government plot and had a secret meeting with a young man who was one of the conspirators. The patient looked around furtively and anxiously and noticed with great relief that the streets were completely empty. Finally the young man left him and the dreamer walked in another direction and found himself approaching Central Park. When he reached the edge of the Park he saw a mounted policeman on horseback slowly walking his horse closer and closer to him. The dreamer stood petrified. The policeman reached him and dismounted. The patient knew that he would be arrested because of his part in the conspiracy. The policeman pointed to a teenage boy standing nearby and told the patient that this boy had complained that the dreamer had made a homosexual "pass" at him. Great relief came over the dreamer. He knew that the very absurdity of the accusation would make it easy for him to clear himself. He woke up and, in a twilight state of anguish and vindictiveness, began to plan how he would force the boy's parents to go with him to the principal of the boy's school and make their son admit he had lied.

Then he woke up completely and immediately understood the main latent elements of the dream and the affects that were operating.

At the beginning of the dream there are anxiety signals but they are well contained,

intrasystemic, and their success is mirrored in the ego's achievement in keeping secondary revision under control with the help of anxiety signalling. Therefore, in the first part of the dream, anxiety transiently disappears and, after the conspirator in the manifest dream leaves, a feeling of relief is apparent. The snapping out from the anxiety situation and from the increasing spread of anxiety is symbolized in the manifest dream by "walking away" from the danger situation that originally had provoked anxiety signals.

This brief period of anxiety-free situation was ended by the appearance of the mounted policeman. It indicated the presence of emerging superego elements and it brought about rising feelings of guilt about a crime committed against higher authority. The broadening affect mobilization burst the ego-containment and flooded the whole functioning ego and led, eventually, to a paralysing anxiety attack. This intersystemic flooding by superego-induced anxiety petrified the dreamer's self-representation in the manifest dream. The manifest charge of homosexuality and the sudden presence of the young boy indicated that direct drive-derivatives were also present. Their character vastly differed from the ego-contained signalling of the first part of the dream. In this traumatic situation unpleasure economy and drive dynamics were disrupted. The ego's adaptive capacity failed and affect signals were replaced by affect flooding of drive and discharge nature (Rapaport). The latter were shown by the feverish activities in the manifest dream, by the feeling of being petrified and finally by the panic that precipitated awakening.

The observations indicate that one can also differentiate between intrasystemic signalling and intersystemic flooding in the instance of anxiety mobilization. In the former the ego actively operates the signals, in the latter it more or less passively experiences the onslaught that originates mainly from non-ego sources.

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COMMENT ON Dr PETO'S PAPER¹

ROBERT S. WALLERSTEIN, SAN FRANCISCO

Peto in his presentation has ranged widely and perceptively over one of the central issues of psychoanalysis as a therapy, namely the place in it of affect mobilization and affect control as an essential aspect of the mutative process, as much so as interpretation and insight and working through, and incidentally, to be meaningfully integrated with all of these in any effort at a comprehensive theory of psychoanalytic therapy. Rangell (1967) has dwelt at length on various aspects of this central role of affect in psychoanalysis, actually from three vantage points: (a) phenomenologically, within the clinical therapeutic process; (b) in the theory of therapy; and (c) in general psychoanalytic theory. He reminds us there that after all being "human" commonly means the ability to feel, and being "inhuman", the reverse, i.e. to be cold and unfeeling. And that,

as with all object-relationships, a good hour has affective content, like a good speech. It is affects which bind the listener.

Empathic identification in the analytic attitude, the projecting of "interest", and the stimulating of "caring" all ride on affect.

And conversely to the extent that (an analytic hour) is not about anything about which the patient cares, it is shallow and ineffectual.

Within this immediately recognized well-established set of analytic truisms which are at the same time among the fundamental truths of analysis, Peto sets himself a circumscribed task, to describe the conditions under which significant affect is mobilized and is either then under control (the subject feeling at all times able to "snap out of it") or passes over regressively beyond the point of no return with the subject then the hapless victim of the now pervasive and uncontrolled mood. Peto's thesis is a straightforward one. Affect is controlled so long as it is entirely (or at least preponderantly) an intrasystemic, totally ego, experience. By that he means that each affect component or shade is discrete, is separately tied to a specific thought image,

functions as a signal that allows the ego to call up associatively linked affect experiences, and yet that does not override the isolating mechanism by which at the same time the ego can keep the sequence of affect signals separate, to be considered each on its own, with its own feeling nuance and with its specific and separate meaning in the life history of the patient. Peto states, in a very well taken point made almost as an aside, that these "splits" represent adaptive and integrative aspects of the defence mechanism of isolation. To round out this picture of controlled affect mobilization, of course, there is the essential concomitant separation (or split) of the ego into the experiencing portion which feels the affect and the observing portion which reports it—and by the same token, controls it.

When, however, under the pressure of peremptory drive demands or archaic superego associates, there is invasion of the signal ego affects by the other psychic instances, a process of blurring of structural boundaries, of genetic and topographic regression, and of fusion of affect components (till then discrete) can ensue to the point of overwhelming diffuse, chaotic, and explosive affect experience. Such affect storms are not rare in psychoanalysis, and, in fact, with certain types of character structures are quite common. Though they were looked at more positively in the earliest days of psychoanalysis when the abreaction of the repressed neurotogenic trauma occupied so much more central a place in the theory of psychoanalytic technique, their essential uselessness for the most part as a vehicle for advancing the analytic work, rests in the concomitant disappearance into the coercive affect fusion experience and discharge experience of the separateness of observing ego and experiencing ego. Observation, control, and capacity to use the experience mutatively—to induce change—all simultaneously disappear.

In dealing with these familiar bread-and-butter clinical phenomena and in bringing them to us within the conceptual framework which I have recapitulated thus briefly, Peto has actually simultaneously illuminated the two broad areas of the clinical theory of analysis and has, at least by inference, indicated both the logical linkages

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

between them and perhaps even their essential unity at some level. I refer to the theory of technique on the one hand and the theory of neurosis, specifically here of affect, on the other hand, and I would like to render these, to me most important implications, more explicit. In regard to the theory of technique I refer to the necessary therapeutic split of the ego, first described by Sterba (1934), into an observing and an experiencing portion, upon which the capacity both to live the transference illusion and simultaneously to take therapeutic distance from it, rests. It is this split, to which I have already referred in my summary of the main thrust of Peto's argument, which furnishes the therapeutic ally of the analyst (and hence the basis for the therapeutic alliance). And it is the capacity to maintain *this* split which is the exact counterpart of the capacity to maintain the split between the separate affect components each with its own feeling tone, its own dominant memory image, and its own place in the life history. When these splits fail, they tend to fail together so that the capture of the patient—or rather his inundation, by a coercive, regressive drive and archaic superego-dominated affect surge, bereft of nuance, discrimination, or modulation—appears *pari passu* with a fusion of the observing ego into the aggrandizing experiencing ego, with loss of all reflective and control power. We have at this point an affect storm, a rage, a tantrum, a panic, a black depression, and analytic advance has momentarily halted.

Now as to the related themes in the theory of neurosis, particularly of affect: in talking about the signal regulation of the ego which can control affect so long as affect is a signal and is of the ego, but which loses this control when affect, driven by drive and superego pressures, floods the ego, Peto has but given us a specific clinical exemplification of the dualism of Freud's final anxiety theory. Anxiety, in this theory, is an affect generated by the ego, as a minute signal warning of the unpleasure that could ensue if the threatened danger to which it is vigilant and of which it is giving warning is not heeded by the prompt institution of proper defensive measures by the ego. It goes without saying that in conditions of relative psychic health all this proceeds automatically, almost instantaneously, and not even consciously. When faced by overwhelming danger, however, or too sudden danger for which adequate anticipation had not been possible, the ego may be overwhelmed into a state of paralyzing traumatic anxiety, the acute syndrome of

the traumatic neurosis for example. Here anxiety has failed in its signal function and become fused into the terrifying experience of traumatic anxiety. Zetzel (1949) has added to these formulations that psychic health can be sensitively measured by the intrinsic ego capacity to bear increments of anxiety, contain them within their signal function, and react in appropriate defensive and adaptive ways to them. This she has called anxiety tolerance. In more recent contributions (Zetzel, 1965) she has extended these same formulations to depression and the capacity to bear it; and, in fact, by inference, to all affect life. It is this capacity to bear it and to tolerate it that is the other way of stating Peto's emphasis on the capacity to control affect; and thus the same salient considerations govern the understanding of the course of psychoanalytic therapy and the functioning of the human personality in health and in illness.

Having indicated to this point the way in which I have found Peto's formulations most interesting in illuminating from yet another vantage point common factors and common problems in psychoanalysis as a therapy and psychoanalysis as a theory of personality in its adaptive and maladaptive functionings, I would like to close my discussion with a statement of the area and problem either left unhappily incomplete, or if supposedly complete, where I would then differ in my emphasis. I refer to the few hints about the thorniest of issues in psychoanalysis as a therapy, the mechanism of change. I quote:

The regression in the transference as well as the transient traumatic effect of well-timed transference interpretations bring about changes that disrupt the hitherto established structures. This process precipitates affect mobilizations which go *beyond* (my italics) ego-signalling and are the replica of early stages when the relatively undifferentiated ego-id system reacted with affective drive derivatives and/or with affect discharge (Peto, 1967).

Obviously I agree, in keeping with my reference to the recent Rangell paper at the beginning of this discussion, that it is affect and caring and meaning that are the propellers that make the analytic work go; in their absence it can become a sterile, ruminative exercise, blessed by increasing "insights" but no significant changes. But this need not mean planned repetitive affect experiences of traumatic, in the sense of not controlled, degree. Nor am I sure that Peto means that. Obviously affect charge at times

can get out of all control, of patient and of analyst, and obviously also, affect involvement will wax and wane through the course of the analytic work. But the amplitude of the swings can be (or ought to be) modulated, hence ultimately within control at all times. Ideally no matter what the affect intensity of the hour, the analytic patient can arise at its end and pick up competently the fabric of a very complex life outside—with adequate controls. And within that hour the same control capacity must have needed to be always available, if the therapeutic

split in the ego and the therapeutic alliance with the analyst that depends upon it were to be operative—that is, if the analysis were to be a going concern. I think that Peto will agree with this caution on what could have been taken to be a plea in his few sentences on technique itself for a more disruptive impact of affect as a requirement of analytic progress. In closing I want to thank Peto for the stimulation he has afforded me to survey and reorder my own reflections on the essential linkages in the various aspects of psychoanalysis he has touched upon.

REFERENCES

PETO, A. (1967). "On affect control" (enlarged version of paper published here). *Psychoanal. Study Child*, 22.

RANDALL, L. (1967). "Psychoanalysis, affects, and the 'human core': on the relationship of psychoanalysis to the behavioral sciences." *Psychoanal. Quart.*, 36.

STERBA, R. F. (1934). "The fate of the ego in analytic therapy." *Int. J. Psycho-Anal.*, 15.

ZETZEL, E. (1949). "Anxiety and the capacity to bear it." *Int. J. Psycho-Anal.*, 30.

— (1965). "Depression and the incapacity to bear it." In *Drives, Affects, Behavior*, Vol. 2, ed. Schur. (New York: Int. Univ. Press.)

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OCCUPATIONS AND TOYS FOR BLIND CHILDREN¹

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One of the problems that occurs in the care of young blind children is how to find suitable occupations or appropriate toys for them. Both mothers and nursery school teachers of such children are continually at a loss as to how to interest them. The children seem to lack any desire for the objects surrounding them and, consequently, show no sign of a wish to play. This differs significantly from our experience with sighted children and their inevitable curiosity. Much has been written about the toys and occupations of sighted infants and a sequence has been established of the interrelation between the various stages of sensory and instinctual development and its expression in play.

In studying these occupations and the toys and tools which serve them, we (with the exception of Maria Montessori) do not ask ourselves differently through which sensory channel they make their appeal to the child, i.e. whether they are primarily seen, heard, or felt. It is this latter problem against which we are brought in full force when dealing with the blind.

When turning from the seeing children to the blind we find ourselves suddenly left without the yardsticks normally used to measure development. As shown in earlier publications by members of our working group, progressive development of the blind proceeds on lines quite different from the seeing. This is so, not only with the sensory processes which are disrupted and distorted by the absence of vision and where, at certain stages, either touch, smell, or hearing can take precedence over the other senses.

Equally significant for our purposes is the fact that infant development, i.e. sex and aggression, is affected equally by any single one or a combination of the following factors: the diminished contact between infant and mother at the beginning of life, the greater importance of the mother's action or the early repression of aggression based on the blind child's utter dependency on his objects. Whichever of these may apply,

we have seen and described as the consequence a slowing up of development as a whole, a prolongation of the earliest stages and greater overlapping of the different phases, even though all these divergences are not wide enough to hinder the establishment of the oedipal complex or the castration complex. In fact, we find the latter reinforced by the symbolic meaning of blindness.

There is, of course, the possibility that we are wrong in judging the development of the blind child on the basis of such comparisons with the sighted. What appears as backwardness or an accentuated trait may turn out to be a matter of much greater basic difference in kind. To deal with visual representations of things as the seeing do, is probably a much easier process than to deal with the verbal abstractions to which the blind are confined and for which they depend wholly on the progressive development of verbalization and its ramifications. Even before speech, the seeing infants can relate directly to the objects around them, the blind, at the same age, have to fall back on guessing, associating, concluding, and will only too frequently come up with the wrong answer. The question arises how these differences in development relate to the choice of toys and occupations.

The Mother's Body as the First Toy

From the aspect of play the blind are nearest the seeing in infancy, when all children have the mother's body as their first plaything. The difference here begins when the seeing child exchanges the mother's body for transitional objects and cuddly toys while the blind infant is less attracted to the inanimate world and, consequently, remains for a long time in this first stage.

It is difficult to say where, for the blind, play ends and learning begins or vice versa, or whether it is impossible to distinguish between the two at this stage. Touching the mother's hair, nose, mouth, eyes, etc., gives the child

¹ Read at the 24th International Psycho-Analytical Congress (August 1947, New York).

² Through work with blind children is part of the Educational

Journal of the Harpenden Child Psychology Clinic with the aim and content is maintained by the Centre for Research, New York.

knowledge of her face as looking does while, at the same time, pleasurable touch turns it into play.

Much teaching of the mothers needs to be done here. Left to themselves, the mothers, at this time, tend to ignore the child's pleasure in touch and, instead, express their concern over his vision by holding things near the child's eyes to test his vision or by engaging his attention for the purpose of testing his intelligence in a variety of ways. It may be equally important to assure the mothers that infants, and especially blind infants, not only like to play with the mother's body but also enjoy having their own bodies played with. This comes natural to the normal mother but may be absent where a mother is depressed, discouraged, and disappointed in her child, as the mothers of blind children are. Nevertheless, her play with the infant's fingers, toes, and the surface of his skin is needed to libidinize his body. Where this is missing, blind children often lack a relationship to their own bodies until a much later age.

Contrary to the mother's concern, neither the child's play with her body nor hers with the child's over-stimulates him. In fact we believe that the opposite is the case and that the well-known blindisms, i.e. the rhythmical rocking, swaying, and eye-rubbing are the result of too little stimulation through mutual body-play in infancy. According to our experience the mother's body keeps its role as a toy for the blind child far beyond infancy and certainly to nursery school age.

Playing with the Feet—Other Body Games

We have observed that, in play, a blind infant prefers to use his legs and feet rather than his arms or hands. The fact that this produces noise as well as muscular tension naturally serves to heighten the enjoyment. It would be easy, at this stage, to meet the child on its own ground and to enlarge on and vary this spontaneous play. The main point is that the infant has made a spontaneous effort to play and should be encouraged rather than discouraged in his occupation. Instead, what happens usually to him at this stage is the experience of being offered a variety of objects which he is expected to reach for and handle.

In fact the blind children's potential enjoyment of their musculature and of body play in general is much greater than one would expect from seeing them arrive at nursery school or school, where they appear almost immobile, clumsy, and

often apathetic. It seems that the latter attitudes are the consequence of the many obstacles, dangers and accidents which they often meet when moving spontaneously, as well as of their mothers' efforts to keep them "safe" which, in their case, means inactive. Walking frames and bouncers for the toddlers would have enabled them much earlier to follow their mother at home as she moves about the room, thereby enjoying all the exciting sensations which the sighted child enjoys in crawling and taking their first steps. In the larger space provided by the nursery school, a trampoline offers unrivalled opportunity for jumping which is otherwise denied the blind. Children enjoy the abandon of the movement while they are safe, and the rhythmical quality of the activity probably also adds to the pleasure. From there the children find an easy transition to climbing frames and jungle gyms, tricycles, etc., on which they become amazingly proficient.

To draw the comparison with the sighted: all children, whether normal or handicapped, love body games. The difference lies in the fact that, for the blind, body games constitute a predominant part of his playing time at an age when sighted children simultaneously build, construct, explore, draw, paint, etc.

Playing with Sound

In the absence of vision, sound cannot fail to play an overwhelming part in the lives of blind children. Touching and feeling the mother's body as described, goes side-by-side, of course, with listening to her. The mother's handling of things in preparation for his bottle, her picking up and putting down of objects, her foot-steps, the rattle of dishes in the kitchen, the rustling of clothes, all these become familiar noises soon interpreted by the child. This is of course crowned by her keeping contact with him through her voice which, in the case of blind children, has to take the place of the mother's glance.

There is an obvious and convenient path here from hearing the familiar sounds to touching and handling the objects that produce them, i.e. playing with them. Unluckily children at this early stage are unable to make their wishes known in this respect and therefore many mothers miss the opportunity of offering these familiar objects—pots and pans and other household articles—as playthings.

Blind children are not only attracted to playthings by sounds; they also play by producing additional sounds. This results in their handling various objects in a different manner from the

seeing. Whatever they are given is pushed, scraped, dropped, hit, and banged on different surfaces and the various noises thus produced are listened to eagerly. An impasse between mother and child frequently arises in this respect.

Playing with sounds soon becomes a favourite occupation and underlies many other purposes. While normal children copy what they see, the copying games of the blind, consists of reproducing whatever they hear: the noises made by mother as described, as well as the noises of the street. It may be this play with sounds which interferes not infrequently with the language development of the children. The babbling stage of the normal infant which produces pleasure without serving communication is prolonged enormously and overlaps with verbalization proper. Blind children are often found to "parrot" or use babble talk even though they are perfectly able to talk properly. There is no doubt here that they play with words. They copy everything. It seems to me that it would be advantageous rather than the opposite if the children were not only permitted but even encouraged and joined in extending this activity in a playful manner.

What extends far beyond the area of play is the blind children's interest in music, and may well lead on to the playing of real instruments. It is not difficult to illustrate with examples that this meets a real and deep need in the child and seems to be the nearest substitute for vision that can be found as far as emotional expression and involvement are concerned.

Mastery of Tasks through Play and Occupations

As observers of play, we have to turn from the sighted to the blind to appreciate how many of our common toys appeal to the child on the basis of vision only or mainly on this basis. I take as an example the so-called "little world". By way of the miniature replica of the people and things of everyday life, children are not only acquainted with the world at large, they are simultaneously allowed to feel that this world is under their control and can be arranged, directed, re-directed; in short, mastered, by them. This is an experience on which the blind children miss out altogether. Houses, churches, fences, lamp-posts, human figures, domestic and wild animals, which are all part of the little world, may look like the real thing, different only in dimension, but they certainly do not feel,

sound, or smell like the real thing. Nevertheless, blind children, when given playthings of this kind, learn by rote that this particular shape is called by the adults "church" or "fence" and therefore learn to call it by that name.

What is true of the "little world" applies to a lesser degree to dolls and teddy bears. These toys have a double appeal; one through touch, since they are cuddly and this pleasure is shared by the blind and the sighted alike; by both types of children they are not only loved but also thrown around, picked up, cuddled, banged, smacked, etc., i.e. they are mastered and controlled and, offer a channel of expression for the child's loving and aggressive feelings towards human objects. But secondly, dolls and teddy bears are also fashioned skilfully to resemble human beings and animals, which heightens their usefulness for the sighted and this remains unnoticed where vision is lacking, which detracts from their value.

I should like to take as the next example the occupations offered to normal children in a Montessori nursery school where they experience immense pleasure through the simple means of being allowed to carry out everyday tasks which are usually reserved for the adults, such as setting the table for meals, carrying dishes filled with food, filling tumblers from pitchers, washing dishes. Not only do the children quickly show proficiency at these tasks through copying what the adults do, but their self-respect is heightened and their fantasies of being big are being nourished.

It becomes an interesting problem to try and see how far these particular occupations suit the blind or in what respect they have to be varied to serve the same purpose. A good example is the laying of the table, which is most sought after by sighted children in the nursery school. In contrast, this is a *chore* for the blind child, which therefore should not be imposed on him. By this I do not mean to say that blind children cannot be taught to lay the table, but only that they cannot be taught to enjoy doing it.

It is quite different with filling and emptying, carrying and fetching and, quite especially, with washing dishes or clothes, i.e. with occupations where either the child's instinctive pleasure in playing with water is made use of or where success and failure can be felt (not seen), directly, as with spilling or its opposite. Carefully selected, these occupations give the blind the same feeling of successful mastery and pride as they give to the seeing.

Since blind children at home are usually permitted to do even less than the sighted (to prevent damage to themselves and to the objects) the scope of "adult occupations" allowed to them at school can be correspondingly greater. Even to turn light switches, ring the door bell, put the record on the gramophone, can be a sign of mastery to the child. For the later instruction in Braille, a highly developed sense of touch is necessary and many of the games and occupations are devised for the blind at pre-school age with this aim in mind.

Intelligent children in the phallic phase show all the needs for mechanical and construction toys with which we are familiar. The wish to know how things work, what makes things move, and how they are put together comes from the area of sexual curiosity and the difference between the sexes, etc., and are fed by the phallic sensations which are phase-adequate. With the seeing, curiosity is fed constantly by observation, just as their pride in mastery is transformed constantly into exhibiting their functioning. But even with these latter incentives missing, the blind and the seeing share many interests. Some of our blind boys, at this stage, taken in the front seat of a car and allowed to move knobs, switches, levers, pedals, etc., show all the excitement and pleasure of the seeing. On the other hand, it should not be forgotten that much

of this knowledge of the blind child may be less sound than it appears to be.

As far as building is concerned, this plays a large part with both sighted and blind children. The building of the seeing child is normally guided by some inner image which the child attempts to reproduce in the outside world. Such an image may be retained from actual experience, or may be wholly or in part the product of the child's imagination. Apart from very exceptional cases, the imagination of the blind does not seem to work on the same level, nor are there any visual images to be retained. Accordingly, with many such children, building may proceed aimlessly and consist more of a knocking about or throwing about of blocks than of an organized activity. This is remedied in part by the teacher's verbal explanations.

Conclusion

The more interested we become in this subject of toys and activities for the blind, the less easily do we understand why so many children with this handicap spend hours of boredom, inactivity and waiting; or why so many mothers despair of occupying them and of "keeping them happy". It seems that, so far, we have tapped only a minimum of the energies which lie in them, ready to be pleasurably employed.

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THE ECUMENICAL MOVEMENT AND THE TREATMENT OF NUNS¹

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The past five years have been marked by an increased awareness by the Catholic Prelates as to the precarious state of lay and religious members of the Catholic Community. It was in this spirit that Pope John XXIII called the Church's Twenty-First Ecumenical Council in October, 1963 (H. Jung, 1964). With this renewed look at the Catholic Church, structure has been modified, and with it special problems have arisen. The problems to which I address myself are in the area of the religious community ("religious community" is defined as a religious order) and its continuing problems to survive during this period of change, re-evaluation, and expression of ambivalent attitudes by the authoritative Church.

Since 1964 I have acted as a consultant to a large order of nuns in Los Angeles, California. This experience has afforded me the opportunity to explore and define the areas of difficulty found in these sisters. I will discuss symptoms noted in these patients and how the Ecumenical Movement has acted as a precipitant to seeking psychoanalytic treatment. To date I have seen in consultation or treatment twelve sisters. The cases presented are representative of the extremes seen in other nuns. My intention is not to describe in detail the psychoanalytic treatment, but to attempt to understand why this particular type of patient has now enlisted this type of help.

Case 1

A 36-year-old nun had been in religious life for eighteen years. Symptoms of dysphagia, vomiting, and hysterical paralysis had been present for six years following the meeting of a young man to whom she felt attracted. Extensive medical and neurological examination proved negative. As the patient became increasingly aware of the significance of her symptoms and her attempts to repress sexuality,

improvement was noted. The erotic transference which developed contained guilt and anxiety along with the awareness of the desires and needs of a woman. This need for autonomy and an identity as a complete woman eventually necessitated her leaving the religious life. She is now successfully employed as a teacher.

Case 2

Sister M., also 36, had been a member of the religious community for eighteen years. She saw herself as very committed to a deep religious life, but more recently had had symptoms of anxiety and depression following another sister's leaving religious life. As treatment began it became quite apparent that this sister was struggling with her religious vocation. Her daily associations led us to the fact that although her need for treatment was obvious for some time, the compelling forces now were the pressures of the Church to renew her faith. Treatment revealed that this woman grew up in a puritanical environment with a dominant, aggressive mother who permitted no expression of feeling. Her father, an alcoholic, was depreciated. Her flight to the convent represented the safety of a new mother, strict but concerned, and in this way she would not have to resolve her own lack of feminine identity and her attitudes towards the depreciated male. The transference took multiple forms: from the good, permissive mother to a consistent, trusting father. Treatment permitted the sister to recognize this conflicted pattern and later necessitated her leaving the religious community. I might add that the patient never gave up her deep religious convictions and has utilized them defensively in order to avoid meaningful social relationships. An ingredient to her leaving, she felt, was the demand to see her religious convictions in a more progressive manner, which she was unable to do.

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Case 3

A 32-year-old sister entered treatment for feelings of depression. She felt frustrated over the demands her community made since the Vatican Council had met. Her anxiety revealed that she was not committed to religious life and had sought the convent to live out the fantasied wish of her mother. Treatment was initiated because of the Ecumenical Movement's demand of a renewed faith. This sister now is making preparation to leave religious life.

We can see the precipitants to the outbreaks of these sisters' illnesses, but we must view the multiplicity of reasons why they came to treatment. It appears that at an intra-personal level the need to explore and understand themselves was a source of motivation, but I would speculate on clinical observation of these and other nuns that the real permission to enter treatment came from the Ecumenical Movement.

The Ecumenical Movement has permitted the religious person to feel that a new identity and self-concept are in order. A review of religious literature and conciliar documents definitively indicates the need for individuation of the religious person (Charles Borromeo, 1965; Lobo, 1966; Van Kaam, 1966).

An unconscious attitude prevailed that one could only be a good Christian if one were a Catholic. This centripetal attitude no longer exists. In a commentary on the Ecumenical Council, it is stated that

Every man's right to organize his life in accordance with his deepest convictions . . . stands foremost.

It is later indicated that the major responsibility of the religious community is missionary, in the sense of a charitable existence, and not in the strict sense of conversion to Catholicism (Schillerbeeck, 1966). This is contrary to previous Catholic dogma which emphasized ritual and tradition as the major obligation and responsibility of the religious. In many ways one could envision the religious community as the Peace Corps of religious history. The Peace Corps, created by the late President John F. Kennedy, a Catholic, is in essence a Twentieth Century equivalent of the charitable intention of the Catholic Church (Gilberg). This represents a new demand on the religious. Traditionally the religious vocation expected and subtly demanded the sister to be isolated, reflective, and not autonomous.

This new flexibility of structure and attitude has acted as a decisive factor in encouraging self-observation whether the religious be in psychoanalytic treatment or not. This permissiveness has in effect demanded the religious to adapt to a new identity which includes social interaction and responsibility to herself. This, in turn, has created a great impact on those who sought religious life as a means to deny sexuality, create isolation, and seek a "common-denominator-identity" (Gilberg).

This unknowing confrontation by the Ecumenical Movement has in some instances acted as an id-interpretive force and has helped lift the repression so long carried by these people. In those religious touched, a need for individual autonomy and freedom has been created and is now demanded. These demands extend to many areas of importance such as social relationships, the concept of vows, and in essence, the need for the religious life as an expression of religious conviction.

Thus, the Ecumenical Movement, although commendable, poses a marked threat to the religious communities of the Church. At one level it encourages the lifting of the repressions of its members and thus opens the door to marked changes in the working structure of the Church. However, at another level, the liberalization of the Catholic Church by the Ecumenical Movement has necessitated the facing of issues which the sisters originally denied and repressed. Time may prove that this noble movement may be the source of the destruction of the Catholic hierarchy as it now exists.

Summary

The past five years have been marked by an increased awareness by the Catholic Prelates as to the precarious state of lay and religious members of the Catholic Community. With this renewed look at the Catholic Church, structure has been modified, and with it special problems have arisen. Three brief case histories of nuns are presented. The intention is not to describe in detail the psychoanalytic treatment, but to attempt to understand why this particular type of patient has now enlisted the help of psychoanalysis.

I have attempted to demonstrate that although a source of motivation for entering treatment was intrapsychic conflict, permission to enter treatment came from the Ecumenical Movement. The Ecumenical Movement has permitted the religious person to feel that a new identity and

self-concept are in order. This movement has acted as an id-interpretive force and lifted repressions long carried by those in religious

life. This movement undoubtedly will create marked change in the structure and attitude of the Catholic Church.

REFERENCES

- ABBOTT, W. M. (1966). Ed. *The Documents of Vatican II*. (New York: Guild Press.)
- BOWERS, M. K. (1963). *Conflicts of the Clergy*. (New York: Nelson.)
- CAMERA, H. (1962). "What the council could not say." *Information Documentation on the Conciliar Church*. (Rome: Dossier No. 66-2.)
- CHARLES BORROMEO, SISTER (1965). *The Changing Sister*. (Indiana: Fides.)
- "The ecumenical revolution and religious education." A symposium. *Religious Education*, 61.
- FREUD, S. (1930). *Civilization and its Discontents*. S.E., 21.
- (1939). *Moses and Monotheism*. S.E., 23.
- GILBERG, A. L. "Contemporary community life." (Unpublished.)
- JUNG, H., et al. (1964). Eds. *Council Speeches of Vatican II*. (New Jersey: Paulist Press.)
- LEMERCIER, G. (1967). (Interview.) "Freud in the cloister." *Atlas*, 1967.
- LOBO, I. (1966). "Some reflections on religious and monastic life and suggestions for a scheme for 'De Religiosis'." *Information Documentation on the Conciliar Church*. (Rome: Dossier No. 66-6.)
- MONDO-VILLANOVA (1966). "Historical and critical aspects of religious and monastic life—I." *Information Documentation on the Conciliar Church*. (Rome: Dossier No. 66-8.)
- SCHILLEBEEKE, E. (1966). "Balance sheet of the council." *Information Documentation on the Conciliar Church*. (Rome: Dossier No. 66-1.)
- VAN KAAM, A. (1966). *Personality Fulfilment in the Spiritual Life*. (Wilkes-Barre, Pa.: Dimension Books.)

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THE EXPERIENCE OF THE SKIN IN EARLY OBJECT-RELATIONS¹

ESTHER BICK, LONDON

The central theme of this brief communication is concerned with the primal function of the skin of the baby and of its primal objects in relation to the most primitive binding together of parts of the personality not as yet differentiated from parts of the body. It can be most readily studied in psychoanalysis in relation to problems of dependence and separation in the transference.

The thesis is that in its most primitive form the parts of the personality are felt to have no binding force amongst themselves and must therefore be held together in a way that is experienced by them passively, by the skin functioning as a boundary. But this internal function of containing the parts of the self is dependent initially on the introjection of an external object, experienced as capable of fulfilling this function. Later, identification with this function of the object supersedes the unintegrated state and gives rise to the fantasy of internal and external spaces. Only then the stage is set for the operation of primal splitting and idealization of self and object as described by Melanie Klein. Until the containing functions have been introjected, the concept of a space within the self cannot arise. Introjection, i.e. construction of an object in an internal space is therefore impaired. In its absence, the function of projective identification will necessarily continue unabated and all the confusions of identity attending it will be manifest.

The stage of primal splitting and idealization of self and object can now be seen to rest on this earlier process of containment of self and object by their respective "skins".

The fluctuations in this primal state will be illustrated in case material, from infant observation, in order to show the difference between unintegration as a passive experience of total helplessness, and disintegration through splitting processes as an active defensive operation in the service of development. We are, therefore, from

the economic point of view, dealing with situations conducive to catastrophic anxieties in the unintegrated state as compared with the more limited and specific persecutory and depressive ones.

The need for a containing object would seem, in the infantile unintegrated state, to produce a frantic search for an object—a light, a voice, a smell, or other sensual object—which can hold the attention and thereby be experienced, momentarily at least, as holding the parts of the personality together. The optimal object is the nipple in the mouth, together with the holding and talking and familiar smelling mother.

Material will show how this containing object is experienced concretely as a skin. Faulty development of this primal skin function can be seen to result either from defects in the adequacy of the actual object or from fantasy attacks on it, which impair introjection. Disturbance in the primal skin function can lead to a development of a "second-skin" formation through which dependence on the object is replaced by a pseudo-independence, by the inappropriate use of certain mental functions, or perhaps innate talents, for the purpose of creating a substitute for this skin container function. The material to follow will give some examples of "second-skin" formation.

Here I can only indicate the types of clinical material upon which these findings are based. My present aim is to open up this topic for a detailed discussion in a later paper.

Infant Observation: BABY ALICE

One year of observation of an immature young mother and her first baby showed a gradual improvement in the "skin-container" function up to twelve weeks. As the mother's tolerance to closeness to the baby increased, so did her need to excite the baby to manifestations

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

of vitality lessen. A consequent diminution of unintegrated states in the baby could be observed. These had been characterized by trembling, sneezing, and disorganized movements. There followed a move to a new house in a still unfinished condition. This disturbed severely the mother's holding capacity and led her to a withdrawal from the baby. She began feeding whilst watching television, or at night in the dark without holding the baby. This brought a flood of somatic disturbance and an increase of unintegrated states in the baby. Father's illness at that time made matters worse and the mother had to plan to return to work. She began to press the baby into a pseudo-independence, forcing her onto a training-cup, introducing a bouncer during the day, whilst harshly refusing to respond to the crying at night. The mother now returned to an earlier tendency to stimulate the child to aggressive displays which she provoked and admired. The result by six-and-a-half months was a hyperactive and aggressive little girl, whom mother called "a boxer" from her habit of pummelling people's faces. We see here the formation of a muscular type of self-containment—"second-skin" in place of a proper skin container.

Analysis of a Schizophrenic Girl: MARY

Some years of analysis, since age 3½, have enabled us to reconstruct the mental states reflected in the history of her infantile disturbance. The facts are as follows: a difficult birth, early clenching of the nipple but lazy feeding, bottle supplement in the third week but on breast until 11 months, infantile eczema at 4 months and scratching until bleeding, extreme clinging to mother, severe intolerance to waiting for feeds, delayed and atypical development in all areas.

In the analysis, severe intolerance to separation was reflected from the start as in the jaw-clenched systematic tearing and breaking of all materials after the first holiday-break. Utter dependence on the immediate contact could be seen and studied in the unintegrated states of posture and motility on the one hand, and thought and communication on the other, which existed at the beginning of each session, improving during the course, to reappear on leaving. She came in hunched, stiff-jointed, grotesque like a "sack of potatoes" as she later called herself, and emitting an explosive "SSBICK" for "Good morning, Mrs Bick". This "sack of potatoes" seemed in constant danger of

spilling out its contents partly due to the continual picking of holes in her skin representing the "sack" skin of the object in which parts of herself, the "potatoes", were contained (projective identification). Improvement from the hunched posture to an erect one was achieved, along with a lessening of her general total dependence, more through a formation of a second skin based on her own muscularity than on identification with a containing object.

Analysis of an Adult Neurotic Patient

The alternation of two types of experience of self—the "sack of apples" and "the hippopotamus"—could be studied in regard to quality of contact in the transference and experience of separation, both being related to a disturbed feeding period. In the "sack of apples" state, the patient was touchy, vain, in need of constant attention and praise, easily bruised and constantly expecting catastrophe, such as a collapse when getting up from the couch. In the "hippopotamus" state, the patient was aggressive, tyrannical, scathing, and relentless in following his own way. Both states were related to the "second-skin" type of organization, dominated by projective identification. The "hippopotamus" skin, like the "sack" were a reflection of the object's skin inside which he existed, whilst the thin-skinned, easily bruised, apples inside the sack, represented the state of parts of the self which were inside this insensitive object.

Analysis of a Child: JILL

Early in the analysis of a 5-year-old child, whose feeding period had been characterized by anorexia, skin-container problems presented themselves, as in her constant demand from mother during the first analytic holiday, that her clothes should be firmly fastened, her shoes tightly laced. Later material showed her intense anxiety and need to distinguish herself from toys and dolls, about which she said: "Toys are not like me, they break to pieces and don't get well. They don't have a skin. We have a skin!"

SUMMARY

In all patients with disturbed first-skin formation, severe disturbance of the feeding period is indicated by analytic reconstruction, though not always observed by the parents. This faulty skin-formation produces a general fragility in later integration and organizations. It manifests itself in states of unintegration as distinct from

regression involving the most basic types of partial or total, unintegration of body, posture, motility, and corresponding functions of mind, particularly communication. The "second skin" phenomenon which replaces first skin integration, manifests itself as either partial or total type of muscular shell or a corresponding verbal muscularity.

Analytic investigation of the second skin

phenomenon tends to produce transitory states of unintegration. Only an analysis which perseveres to thorough working-through of the primal dependence on the maternal object can strengthen this underlying fragility. It must be stressed that the containing aspect of the analytic situation resides especially in the setting and is therefore an area where firmness of technique is crucial.

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CONTRIBUTION TO THE STUDY OF INDIVIDUAL CHANGE DURING THE ANALYTIC PROCESS¹

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An apparently fresh interest in the development of changes during analytic treatment is shown in recent studies. These are quite varied. Some, carried on at the Menninger Foundation, pertain to the clinical evaluation of therapeutic results (Wallerstein, 1953, 1965, 1966). Others try to define the exact nature of the transformation (Bion, 1965). A certain amount of investigations taking place at present under the control of Lagache also concern the theory of change and the problems of methodology involved in the clinical study of change. One can ask oneself what new elements are assembled by these investigations other than the generally accepted behavioural changes.

Freud never concealed his preference for the study of resistance and his distaste for the theories of cure. In "Analysis Terminable and Interminable" (1937) he wrote:

Instead of an enquiry into how a cure by analysis comes about (a matter which I think has been sufficiently elucidated), the question should be asked, of what are the obstacles that stand in the way of such a cure?

—undoubtedly a veiled disavowal of the pre-occupations expressed in connection with this subject at the Marienbad Congress in 1936 (Glover *et al.*, 1937).

The study of change does not coincide with that of the therapeutic factors and can in no way define therapeutic aims. The therapeutic aim is to re-establish an identity or a continuity in the chain of representations; change is only a *result* of correct handling of the situation. I wish in this paper to illustrate *one* aspect of these studies on the evolution of change, the one that is relative to minimum change—that is, the slightest modification which is produced under the influence of an interpretation (Strachey, 1934). These investigations cannot be carried on by means of direct observation of the analytical situation, because of the effects it may

cause in the attitude of the therapist. It is only afterwards, according to the course of treatment, that we are able to ascertain the sequences which allow us to determinate minimum structural mutation and to define its nature.

We report here an observation, chosen, in spite of its conventionality, for its illustrative value. A young man of 25 showed signs of neurotic depressive tendencies connected with hysterical features. He observed during treatment that every time his sister ran into difficulty in her life, he himself became depressed. It was not difficult for him to acknowledge that, by such an identification, it was an opportunity for a whole series of libidinal relationships dating from childhood to recur. But this admission did not change his attitude in any way. He also knew that this double failure (his own, imaginary, corresponding to depressive fantasies) was due to the blame once expressed by his father: "You and your sister will never succeed at anything". A dream, in which he was dominated and tyrannized by an all-powerful and noticeably older person illustrated his fantasy, without his being able to adopt the masochistic desire which played the leading part in his depressive conduct. In fact, the depressive mechanism could be destroyed only when he succeeded in realizing to what degree he relished the accusations he made against himself. As long as he sensed that the analyst shared his critical viewpoint, he did become aware of this pleasure. During one sequence, he thought that the analyst was trying to make him out to be innocent. He was extremely irritated and was thus able to realize the pleasure that he got out of this self-accusation. It was then possible for him to admit that it was an identification with the aggressor on the level of the superego and that it corresponded to a strong masochistic component. He was able to verify the effects of this insight by declaring not long afterwards: "I see very well how I could be depressed now (under similar circumstances) but it bores me".

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

This example enables us to illustrate the following points:

(a) A fantasy, very strongly cathected by libido, exists (a father treats his son as a good-for-nothing).

(b) This cathexis results in the activation of the fantasy in external relationships (identification with the sister) and in the relationships between the internal agencies (self-accusation).

(c) The interpretation consists not only in the reconstruction of the fantasy but also in making the patient realize the ways in which he satisfies himself (external relationships or play between the agencies).

(d) The result of successful interpretation is a re-organisation of play linked to this fantasy: positive and negative oedipal tendencies, sadomasochistic components, etc. . . .

(e) Such an interpretation implies initially the strong cathexis of fantasy in the dynamics of the transference.

From a metapsychological point of view, such a viewpoint permits the formulation of the following hypotheses:

(i) The aim of elementary change would be the transfer of a strongly-cathected fantasy from the unconscious to consciousness. It seems to us as important to emphasize the transfer of the representations of the fantasies as the permanence of its cathexis.

(ii) Everything happens as if the unconscious fantasy tried to find an outlet in the form of a dramatization realized in the play of relationships between the subject and his environment (character formation) or in that of relationships between agencies by internalization (formation of symptoms, conflicts between the agencies). Even before asserting a defensive function in regard to the conflict, the psychic agencies, by diversifying the protagonists of the drama, achieve the realization of unconscious fantasy in

the form of introversion (in our case in the sense of the feeling of guilt).

(iii) Transference neurosis renders actual the cathexis of fantasy. It normally averts the dramatization external to the analytic situation corresponding to acting out so that it attenuates those factors which intervene in the inter-systemic play by giving an outlet to the fantasy within the transference scene.

It is probable that when the fantasy has become conscious, it will find other sources of satisfaction, but we cannot develop this subject here. We draw attention to the fact that the interpretation (and the spontaneous insight with the value of self-interpretation) assures the first satisfactory experience of the now-conscious fantasy. This probably consists in the guarantee of reality that this satisfaction brings to the desire that connotes the fantasy. Such a theoretical model can certainly be questioned, but, in conclusion, we would like to insist on the methodological point of view.

The study of minimum change is probably possible only under particular circumstances. It has not been proved that it constitutes the sole aspect, the essential basis of the transformations that take place during treatment. Its value lies in the fact that it offers a specific field of observation to the analyst, and thereby a comprehensive frame which permits the analysis of the transfer of attributions offered for investigation and so to proceed to their detailed study. Clinical appreciation of these phenomena necessitates our paying great attention to the correlations between quantitative factors and structural relationships. The comprehension of the latter always depends on the former, not only from a functional point of view, but also because the structural differentiation is genetically determined and constantly readjusted by the exchanges between libidinally cathected internal objects.

REFERENCES

- BION, W. R. (1965). *Transformations*. (London: Heinemann.)
- FREUD, S. (1937). "Analysis terminable and interminable." *S.E.*, 23.
- GLOVER, E., et al. (1937). Symposium on the "Theory of the therapeutic results of psychoanalysis." *Int. J. Psycho-Anal.*, 18.
- LAGACHE, D. (1961). "La psychanalyse et la structure de la personnalité." *La psychanalyse*, 6.
- (1964). "Fantasy, reality, and truth." *Int. J. Psycho-Anal.*, 45.
- WALLERSTEIN, R. S. (1963). "The problem of the assessment of change in psychotherapy." *Int. J. Psycho-Anal.*, 44.
- (1965). "The goals of psycho-analysis: a survey of analytic viewpoints." *J. Amer. Psychoanal. Assoc.*, 13.
- (1966). "The current state of psychotherapy: theory, practice, research." *J. Amer. Psychoanal. Assoc.*, 14.
- YORKE, C. (1965). "Some metapsychological aspects of interpretation." *Brit. J. med. Psychol.*, 38.

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ONCE DOESN'T COUNT¹

LEONARD SHENGOLD, NEW YORK

I have observed that several patients need to prove, sometimes repetitively and sometimes not, that an event which occurs only once has no meaning. In German this attitude has achieved the dignity of a folk-saying: "*Einmal ist keinmal*" (roughly translated: once is never, or one time doesn't count). When this principle influences patients' behaviour and thinking with compulsive force, I have found it linked to the idea of irrevocability, once-and-for-all, which it attempts to counteract and deny.

This is illustrated by a story told of Voltaire (Burton, 1886). It is said that once as a young man he agreed to homosexual relations with a young Englishman, as an experiment. The attempt failed. On being told a few days later that the Englishman had tried again more successfully with someone else, Voltaire exclaimed with a typical mixture of brevity, cruelty, and truth: "once—a philosopher; twice—a sodomite". For Voltaire one time, at least *his* one time, did not count, but more than once meant once-and-for-all.

A passive young man of 25, afraid of all his sexual impulses, had been able to have intercourse once, when he was 20. He had done his part adequately and had experienced pleasure. Afterwards he was well content not to try to repeat his accomplishment. His *one time* established him as knowing and non-virgin which was important in his rationalizations, but as a beginning of adult sexual life it simply didn't count. All his inhibitions persisted and in the rare instances when he tried to fight them he was in no way less subject to the terrible castration anxiety that had so strangely lifted for his one bout of lovemaking. It was as if he felt about fornication: once—a philosopher; twice—Oedipus Rex.

Another young man whose anal preoccupations were fixed and isolated by his obsessive-compulsive character experienced for the first time, after years of analysis, anal and rectal excitement during a session. This persisted and

that night he masturbated using anal stimulation. The long analysis was not successful, and whenever subsequently an interpretation of material that seemed to involve anal erogeneity was made, the patient would deny the possibility of any such arousal. When reminded of the masturbation, he did not deny that it had occurred but dismissed it as meaningless: "Oh, that! How can that mean anything? It only happened once!"

With both these people, the effective denial of the significance of the one time produced a relatively stable condition. More instructive are those cases where "once doesn't count" has become part of a repetitious neurotic pattern.

A young woman's life, insofar as she was neurotic, was dominated by the need to prove that once doesn't count, and simultaneously to violate the promise to restrict transgressions to one time. This became obvious in the analysis by the repeated attempt to get excused in advance and afterwards "just this once" for frequent missed sessions. "What does just one session mean?" she would ask and give a variety of pressing "realistic" reasons for needing to be absent. The analyst's frustrating by not granting permission or forgiveness brought out anxiety and rage. The desperation behind the need to prove that these occasions didn't count became apparent. In her life she had frequently used "this time won't count" and "just this once" to justify giving in to forbidden temptations, usually sexual contact with a man who unconsciously represented an incestuous object. Although she realized the falseness of her "just this once", she was still compelled to repeat it, and it worked—for the unconscious fantasy emerged that, despite sexual promiscuity, she remained a virgin. She was therefore being deflowered again and again and each time denying it afterwards. Late in the analysis she remembered the traumatic events of early childhood; her father had broken her hymen during sexual "play". This was the one fateful first

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

time that, as Freud points out in his "Taboo of Virginity" (1918), evokes castration and is therefore in many cultures avoided by the bridegroom.² For my patient, "one time doesn't count" denied not only the defloration but also the subsequent *many times* of incestuous contact. Alongside the denial, she attempted in her promiscuity the wish-fulfilling revival of the sexual games with her father. She was tragically involved in the impossible search for a parent whose seductions would *this time* bring eternal bliss and not the painful defloration, impossible over-stimulation, and castration fears of the past. This is a typical case where the appearance of "once doesn't count" as part of compulsive repetition phenomena is conditioned by actual traumatic *experience*: here—seduction at the hands of a parent in contrast to the universal *fantasy* of being seduced as a child (Shengold, 1963, 1967).

Here is another example: this man was also determined to miss "just one" session repeatedly, but most anger and insistence was expressed about Memorial Day, a working day for me. The attempt to get permission to miss Memorial Day (in May) would start the previous September. Just this once could he not skip just this one session? I have observed that frequently when Memorial Day has an emotional impact, it is because it evokes an injunction to remember—consciously to remember the dead, unconsciously to remember something in repression. This was confirmed in this case when memories emerged of seductions which involved contacting the genitals of his psychotic mother when he was a child. Her exhibition left no doubt in the child's mind about the hollow vaginal cavity, and he experienced severe castration anxiety which determined the homosexuality for which he had sought treatment. He had been specifically enjoined by his mother, after she had had orgasm, *not to remember* what had happened. It was this that was brought up by Memorial Day. The overstimulation and castration anxiety evoked intimations of ego dissolution, and the need to prove that all this didn't count and, indeed, didn't happen, was desperate.

As a defence, "once doesn't count" expresses a minimization, a denial. Both kinds of patients are counteracting the fantasy of something

irrevocable—something lost that cannot be regained, something that has happened or can happen only once: defloration, castration, death. As recognized by Freud (1918), defloration is especially meaningful as an irreversible first time. The denial of murder as an irrevocable act is important in patients whose conflicts centre on aggressive impulses. Since defloration and death are apprehended largely in terms of castration, castration is ultimately the irrevocable one time that these people vainly try to escape by asserting that "one time doesn't count". Here is some typical clinical material: "The first time I sleep with a girl it's all right, but after that I don't function. I guess I fear that *this* erection is the last time I will ever get an erection. The second time I'm afraid like a tadpole who will lose his tail when he becomes a frog".

This patient expresses in his imagery a fear of becoming an adult, which he equates with castration. The adult must face the inevitability of an end—the once-and-for-all of death. The child reluctantly and only partially gives up the narcissistic timelessness of infancy. As a child this patient had countered any prohibition by his usually overindulgent parents with a terrible urgency³: "Please, *just this once*—what does once matter?" This was of course repeated in the analysis where the patient was faced with renouncing the magical aura of the good parent—a god who can abolish time, castration, and death—for a reality that included frightening defects and hostilities in the parent and in himself. One time means nothing if one clings to an early ego state and a quasi-symbiotic object relationship where there is no time, nor an irreversible circumstance, nor an end; as with Venus, immortality, perpetual youth, and perpetual virginity are possible. Otherwise, all the psychological dangers that make for trauma have to be acknowledged: loss of the parent, loss of parental love, castration, and loss of the super-ego's love.

The denial involving holding on to timelessness is found in many people with primitive or regressed egos (Cohn, 1957; Orgel, 1965). Not all of these have to prove that "*einmal ist keinmal*". My first class of patients in whom the one time resulted in a stable condition had primitive egos, predominantly pre-oedipal fixa-

² Freud describes defloration as being given over, literally, or by token, to a parent or a parent-figure to perform. My patient had lived out this primitive rite.

³ It is the note of desperate urgency in, for example, a

patient's plea that *just this once* couldn't possibly mean anything that should alert the analyst to the patient's reacting to a threatened loss of the omnipotent magical good parent who is so badly needed to ward off traumata (Shengold, 1963, 1967).

tions, and were aiming for timelessness; perhaps the relative stability achieved by the one time symbolizes a kind of timelessness (one time = eternity). But, beyond this and the evocation of the irreversible by the one time, the mystery of the choice of this specific mechanism for denying the major psychic dangers remains: Why is a castration-ridden man allowed pleasurable intercourse for even one time? And if it can occur once, why can it not be repeated?

There is more understanding of those cases involved in the compulsive repetition of "once doesn't count". These people suffered traumatic experiences in childhood and seem not to be struggling against the general concept of Time so much as against the significance of the one time and/or the many times of the traumatic past. *Experiences* that evoked castration anxiety and its precursors—overstimulation and intimations of ego dissolution—have come under the domination of the repetition compulsion. "Once doesn't count" from the defensive point of view represents for these people a lie that is re-

enacted. (With some, lying has become a character trait.) An event evoking irreversible change can be treated as if it hadn't happened and at the same time is re-experienced with the aid of the mendacious principle, "once doesn't count".

SUMMARY

"*Einmal ist keinmal*" represents a specific kind of denial of the loss of narcissistic omnipotence, most particularly a denial of the universal primal fantasy of castration. (A denial of murder as an irrevocable event is especially important for those people in whom aggressive impulses predominate.) The wide use of this form of denial is attested to by the existence of the German folk-saying. Those patients for whom this principle of denial has come under the sway of the repetition compulsion were found to have had traumatic experiences in childhood that were simultaneously being denied and repeated.

REFERENCES

- BURTON, R. (1886). *The Book of a Thousand Nights and a Night*. (London: Burton Club.)
- COHN, R. (1957). "Time and the ego." *Psychoanal. Quart.*, 26.
- FREUD, S. (1918). "The taboo of virginity." *S.E.*, 11.
- ORGEL, S. (1965). "On time and timelessness." *J. Amer. Psychoanal. Assoc.*, 13.
- SHENGOLD, L. (1963). "The parent as Sphinx." *J. Amer. Psychoanal. Assoc.*, 11.
- (1967). "The effects of overstimulation: rat people." *Int. J. Psycho-Anal.*, 48.

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THE RESOLUTION OF ORAL CONFLICTS IN A SPIDER PHOBIA¹

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The goal of every therapeutic analysis is the attainment of a cure. Among analysts there seems to be a general agreement that the criteria for a cure are more than just the disappearance of symptoms. In this regard Nacht (1965) states

that the objectives implicit in psycho-analytic theory have been attained when there is flexibility of the superego, reinforcement of the ego, and integration, as far as is humanly possible, of the forces of the id by the ego. These theoretical objectives form, as we know, the basis of psycho-analytic therapy. Recent discussions of this subject show that such criteria retain their importance, and the majority of the criteria suggested all turned on these essential points.

One important task confronting the analyst when he is considering termination is to evaluate the associative and fantasy material for satisfactory clinical evidence of constructive changes. Moderation of superego domination, and signs of ego growth are frequently more readily observable than new realignments of the forces within the id. The objective behaviour of the patient may often reveal superego and ego modifications which may only represent responses to unresolved transference reactions. Alterations in the id, while more difficult to detect, may offer more reliable evidence of resolution of the transference reaction. This is particularly true when the id changes reveal how the central conflicts have been resolved.

By using fantasy and dream interpretation, I propose in this brief presentation to demonstrate an example of constructive therapeutic progress consisting of realignment of libidinal forces within the id. These changes are evidence by (i) a shift from oral to phallic modes of expression and (ii) changes from passive to active methods of mastery.

Case Report

The patient, whose pathology and transference reactions I have previously reported in detail

(1966, 1967), sought treatment for chaotic and impulse-driven behaviour. His unresolved pre-oedipal pathological relationships with his family were revealed in numerous spider phobias.

His central fear of separation from his mother was manifested by a preoccupation with a pathological fear of death. In addition, he suffered from insomnia, fearful that when asleep his mouth might open and a spider from the ceiling would fall into his mouth. He also feared that if he was not able to spit the spider out, it would kill him. He fantasied his fear of his mother as follows: "If she dies, I cannot live, and yet I am afraid that my anger will kill her".

His mother, whom he referred to as the "Chief Warrior", fostered malignant dependency and its resultant hostility. She had a phobia that he would be harmed by insects which forced her to seek out these little creatures, squash them between her fingers, and then jubilantly tell the patient how she had saved him from certain harm. Frequently, she would tell him that she loved him so much she "could eat him up". Yet her profession of love was often followed by the complaint that his demands were so excessive they would surely kill her.

What was apparently his most traumatic childhood experience, occurred at age 5. He was playing under the kitchen table when his mother announced she had something new to show him. She pushed her face close to his and smiled, revealing for the first time her new dentures. He became terrified and screamed, for he was suddenly overwhelmed by a fear that she would devour him, immediately leading to a fantasy of his mother as a dangerous orally incorporating spider, which subsequently became the nucleus of a spider phobia. Later on, the phobia was augmented by the visual image of being connected to his mother by the umbilical cord (the spider's dropline). In the words of the patient, "I am hanging down from a web. My mother pulls it up. There is a little baby tied up in the

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

cord, it cannot escape. The only thing that the baby can do is bite helplessly". This was further elaborated by a fantasy of the baby being pulled up by the spider into the web by its dropline where the baby would then become the victim of an oral attack. Associations revealed that he was the baby while the spider was his mother. This was followed by fantasies that during the umbilical connexion to the mother, blood would have to flow either to her or to him, for only one could live, and the other would be killed (devoured).

This fear of oral incorporation was manifested in the transference. For example, on one occasion he had become negligent in the payment of his fees and when the transference resistances were interpreted he attempted restitution with a bad cheque. When confronted with this, he left the hour feeling so weak that he sought hospitalization, convinced that he was going to die. Subsequent associations revealed that he not only feared my retaliation for his deception, but felt there was not enough nourishment (money) for both of us.

After two more years of analysis, he was able to leave the family business, establish one of his own, thus gaining freedom from his neurotic dependency upon his mother and family. This mastery over his lifelong parental dependency was accompanied by a marked improvement in his capacity for gratification both from caring for his wife and children and in turn being cared for by them. It was during this time, while discussing his fears of termination, that he had the following dream: "I'm in an airplane, there is a long cable coming from it. The decision is up to me. I decide to slide down, but not with my hands. That would burn them. So I hold on with my arms. Bombs are exploding on the horizon, yet they weren't going to harm me. I was on my own, I reached the ground safely".

Associations to this dream revealed that he was escaping from his family who were in the airplane. The cable now symbolized the male phallus, and the explosions indicated that his hostility had not disappeared, but it was not harmful.

Shortly thereafter, on the basis of these associations and other considerations, I suggested that the question of termination be considered. Subsequently, arrangements were made to cut down on the frequency of visits before ending his analysis. A few sessions later, he stated, "My mother is tough. Despite how much she claims

she loves and needs me, she can get along without me. When she dies, it will be because it's her time to die, and I won't have caused it in any way. And that goes for you, too".

Comment

In the umbilical cord fantasy which comes to light as a part of the multifaceted spider phobia, we see in its oral incorporating qualities an example of a perversion of Lewin's (1950) oral triad. Here in a passive attitude the patient sees himself as about to become the victim of the orally sadistic mother, rather than to be fed by her. He was obsessed by a need for security, and believed that the only way he could obtain this would be to remain dependent on his mother. Yet these fantasies reactivated his unconscious fears of oral incorporation. In the umbilical cord fantasy, the only activity he is permitted is to bite, but this is ineffectual.

Evidence of progress in the patient's analysis is documented in the reported dream. Here he is using the umbilical cord as a symbolic agent, but now it has phallic significance and becomes the vehicle of escape from his family and the analyst. Also he is reversing the direction of movement along the spider's dropline (umbilical cord) by his own actions, thus showing movement from passive to active modes of mastery. At the time of the dream, he was the only sibling of four who was able to break away from the family's dominance. Again, quoting the patient, "I know I must be apart from my family. I have never doubted or regretted what I have done to get free, especially from my mother".

Now that the patient's ego was stronger he could master his separation anxiety, move away, and leave his mother without fearing he would destroy her or fear his own destruction. There was a definite shift of instinctual energies from the passive-aggressive fixation to the stage of active mastery. No longer did he have to suffer from the obsessive oral fantasy of eat or be eaten. Now he would truly come down to earth slowly and by his own volition without fear of harm. It is worth noting that in the dream there is no material representing the formerly feared orally incorporating mother. Instead there is an active separation from the maternal figure (airplane) by sliding down a cable (umbilical cord now substituted by a phallus) and moving away from a fixation of oral dependency upon the maternal figure approaching a position of standing on his own two feet (independence) on solid ground (security).

SUMMARY

I have presented the history, fantasy, and dream material from a patient demonstrating loss of symptoms and character change, resulting from a resolution of the transference neurosis. In addition, it should be noted that he had lost the fear of the magical meaning of hostility which showed an increase in reality testing and a

strengthened ego. Special emphasis was placed on libidinal change from oral to phallic levels and changes dealing with the drives from passive methods to active mastery. When considering termination of analysis, this case demonstrates the importance of looking for evidence of new constructive realignments of the id rather than relying just on alterations of the superego and ego.

REFERENCES

LEWIN, B. D. (1950). *The Psychoanalysis of Elation*. (New York: Norton.)

LITTLE, R. B. (1966). "Umbilical cord symbolism of the spider's dropline." *Psychoanal. Quart.*, 35.

— (1967). "Spider phobias: pregenital origin and transference manifestations." *Psychoanal. Quart.*, 36.

NACHT, S. (1965). "Criteria and technique for the termination of analysis. *Int. J. Psycho-Anal.*, 46.

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ON BEING ACTED ON¹

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The phenomenon called here "being acted on" seems to be a counterpart to the mechanism of acting out. With it, the relation between an occurrence in outer reality and the ability to remember a past experience is quite the reverse of acting out.

Let me give an example: The analysis of a man suffering from a character neurosis with mild inhibitions in work and sexual life, had been successfully terminated. He had been for ten years an able professional worker—a pediatrician, a happy husband and father. One day his wife was assumed to be pregnant, but as she was incapacitated by a previous illness an abortion was considered necessary. During the days before it became clear that she was not pregnant at all, the man lived in deep despair about the imminent and unavoidable "rejection" or "murder" of the expected child and had spells of crying which he concealed. As he had good analytic insight, this stormy and inappropriate reaction enabled him to recognize that he was reliving an experience from the beginning of his second year, when his little brother suddenly died at the age of three months. This occurrence, which never came fully into his analysis, now erupted and effected in him deep-going changes. Some "symptomatic" features of his behaviour disappeared, e.g. a "cat addiction" with highly ambivalent manifestations, and his professional activity became broader and more efficient apparently as a result of the sublimation of aggressive impulses against his little brother which in his unconscious fantasies had caused the latter's death.

The predisposition to "being acted on" seems to be, in this case, a traumatization by a very early experience which through its exceptional intensity enforced a repression of large amounts of aggressive energy with primitive guilt feelings. The whole complex remained "encapsulated" and even the analytic process did not remove the repression. It was an

"outer" event, exactly reproducing the early experience, which now activated the latter and loosened the blocked energies. An important dream appeared concerning a life-and-death struggle with a kitten dressed in an infant's shirt; simultaneously there appeared intense feelings of guilt and deep depression. Eventually, as a result of hard attempts to end this unbearable state by means of self-analysis, the deeply repressed state of mind, after having been re-experienced, became conscious and its dynamics were recognized.

It seems that similar situations sometimes arise in the context of analysis and may then have a highly catalysing influence on its course. To quote another example, this time from current psychoanalytic practice: the leader of a seminar taking place in the private flat of one of the participants felt hot and went to the anteroom in order to change his heavy sweater for a light pullover. During this transaction he felt he was being observed through the half-open door by a woman attending the seminar who was his analysand at that time. She clearly experienced this "secret intimacy" intensely and as he got to know in her next session, she had at once become an ally of his in this delicate affair and fancied that they were a married couple. The immediate result of this happening was a release of a spontaneous flow of sensual fantasies about intimate contacts with him, which now emerged with this quality for the first time in the analysis. Concomitantly a feeling of surprise was verbalized with relief: "Well, this is that famous Oedipus Complex." This happening was followed in analysis by relating this new experience to many memories of her deceased father which had emerged previously in the course of the treatment.

In both of these instances an external occurrence "acted on" some repressed events and mobilized them to such extent that it was possible to remember them, either in the course of the analysis or by a concentrated self-

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

analytic effort. The catalyzing effects of external events on the course of an analysis raise the question of their usefulness in psychotherapeutic practice. Could the mechanism of "being acted on" be applied deliberately in the course of analysis or of analytical psychotherapy? Such an application would certainly belong under the heading of "active techniques". These cases would, of course, be differentiated by their therapeutic intent from those cited above where the outer event was purely accidental. The mechanism, however, is in both cases identical.

The deliberate use of an external event or influence to bring about changes in the patient's psychodynamics in order to make possible the emergence of certain connexions or memories, may be found at least in three psychotherapeutic settings.

(1) In the so-called "active technique" in the course of psycho-analysis promoted by Ferenczi some forty years ago. There is no accurate knowledge available on the extent to which this technique has been taken over into contemporary analytic practice. The fear that the patient would respond to this technique by his own acting out may have been an obstacle to the innovation.

(2) The mechanism of "being acted on" is deliberately used in some kinds of group psychotherapy. Here the patient gets all of a sudden into a system of interpersonal relations and is exposed to many conscious and unconscious attitudes and strivings which deeply correspond to his own hidden feelings. This helps him to elucidate them, to loosen repression, to bring them nearer to consciousness, and sometimes to "remember".

(3) The third important sphere where the mechanisms of "being acted on" are utilized is the therapeutic use of psychotomimetics, especially of LSD, which is now being studied.

It is necessary to differentiate at least three kinds of application of psychotomimetics in psychotherapy. The first of them, the so-called psychedelic approach, is not much used in Europe and is scarcely acceptable on account of its working with unrealistic assumptions and with "mystic" mechanisms. The second kind of LSD application is the so-called psycholytic therapy. It consists usually of a series of ten to thirty psychotherapeutic sessions lasting many hours, conducted throughout by a therapist of psychodynamic orientation, well acquainted with the patient's personality and making use of

interpretation. It is not possible to evaluate here its effects and possible dangers; but some of its results are of great interest to us as they corroborate in an impressive way basic psychoanalytic concepts about the structure and dynamics of the mental apparatus.

The third kind of application consists of single LSD sessions introduced at carefully chosen points into a regular psychoanalytic treatment. There are two situations which could make such LSD sessions desirable, (a) when the treatment of a patient comes to a standstill for a long time, and (b) in the final stage of some treatments—among them of some training analyses—when the analyst feels that there are still points and connexions in the unconscious which have not been sufficiently clarified and conflicts which have not been fully resolved. The results obtained so far seem to be sufficiently promising for a discussion of this topic on a broader scale, with several analysts sharing their experiences, and, if possible, outlining the requirements of research on this as yet debatable therapeutic innovation.

But this is not the aim of this paper. Here we are interested in the mechanisms by which LSD works and in trying to understand how far some of them could be subsumed under the heading of "being-acted-on." The intoxication by LSD brings about, besides known somatic manifestations, some important changes in psychophysiological functioning, e.g. in sensory perception, in experiencing one's body, etc. Connected with these changes are the important "psychotic-like states" during which the structure of the personality is loosened, the borderline between the conscious and the unconscious made less rigid, and concomitantly the primary process gains the upper hand of the psychic activity of the person. The depth of these effects depends partly on the dose of the drug, but still more on the personalities of the patient and of the therapist.

Such states of deep regression, induced by the intoxication, arise spontaneously and the LSD is said to have the marvellous property of "releasing unconscious material". But this bold assertion has to be complemented by two statements. First, those deeply regressed states are always "modulated" by the transference relationship. It is this actual situation which selectively activates some parts of the unconscious and which makes them meaningful in the context of the analytical process. The drug itself is here but the facilitating, not the therapeutic agent.

Second, this physiologically induced regression of the psychic apparatus probably works as a starting point of a "being-acted-on" situation. The state of deep regression seems to help here to gain access to those events and attitudes which underwent repression, to re-experience them, sometimes to act them out during the analytic session, and lastly to "remember" them.

Such beneficial effects of this pharmacological intervention could be expected only under the condition that this potent drug be used most judiciously, in indicated cases only, and in the form of single LSD sessions applied at carefully chosen points of a regular psychoanalytic treatment, especially in its final stages.

Let me close my communication by an apology. I do not think, of course, that the phenomenon called here "being acted on" has not been observed innumerable times before. But it seems to me that it is important enough to deserve a theoretical consideration of its implications, which I did not find in any literature accessible to me. And a second remark: the topic of the application of LSD in psychotherapy is certainly related to the mechanisms of "being acted on". But this connexion is only a loose one; the use of psychotomimetics is a matter on its own, producing uncertainties and troubles in several countries. Psychoanalysts seem to be competent to bring their clarification to this situation.

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SOME GENERAL REFLECTIONS ON THE METAPSYCHOLOGICAL PROFILE¹

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The Profile, originally drafted by Anna Freud (1962), is a method for assessment of the personality.² The impetus for its creation arose largely from disappointment with the average case conference where, in the absence of a guiding systematic framework, some particularly bizarre or otherwise interesting feature, like a symptom, would engage the interest of discussants on the basis of their having seen one or more similar cases before. Other equally important aspects would remain unexplored and the whole rarely provided sound baseline data for further research.

One's first reaction to the profile (A. Freud, 1962, 1963, 1965; Nagera and Bolland, 1965) may well be a mixture of awe for its time-consuming comprehensiveness, a recognition of familiarity with its subsections, and a decided feeling that it is probably yet another rigid form-filling procedure of which one had better steer clear.

These impressions prove more or less deceptive on closer acquaintance. (i) As regards the time it takes to make a profile, the initial impression has proved least deceptive. I would like to see spectacular progress in this area, but so far no short-cut to thinking has been found. By achieving more the profile also demands more, since it is no longer enough to dispose of cases by allocating them to diagnostic categories. The profile-maker, while being generally oriented towards feeding clinical material into the metapsychological framework of the profile is simultaneously using other dimensions to pinpoint observations and impressions. He evaluates in the knowledge that the same symptoms (e.g. sleep disturbances or temper tantrums) may at an early age be one of the few available means of expression, at a later stage of development a sign of pathology,

and in an adult reflect entirely different aetiology and significance (A. Freud, 1965; Nagera, 1963; Nagera, 1966). He recognizes in different guises the same underlying meanings (e.g. castration anxiety expressed in oral or anal forms) and he is tuned to measure normal achievement along the Lines of Development (A. Freud, 1963).

As he records observations he earmarks meaningful clinical pointers for later verification and underlines significant gaps, all the time aiming at levels of abstraction that will provide lasting foundations and serve as baseline formulations for later comparison. Occasionally he will offer in question-form several possibilities, indicating why he would opt for one rather than for others. An additional profile section at the end now expressly invites predictions (Laufer, 1965). In the Initial Diagnostic Assessment Profile a well-proportioned miniature picture is required (on the basis of a few all too brief and all too unrepresentative encounters); in the Terminal Profile, at the end of treatment, a full picture is needed from material that may be all too vast. In the long run, time will be saved through using a tool that enables us at last to make systematic metapsychological comparisons of permanent value (Nagera, 1963). Also, the consistent application of skill and experience combine with personal style to achieve smoother and quicker performance. A very large lay-out which facilitates both recording and taking in at a glance all the various subsections points to a solution in one direction (de Levita, 1966). Ideally, it should not take much longer to make a profile than to write up a very comprehensive diagnostic assessment.

Time taken in acquainting oneself beforehand with the material for case conferences seems a small price to pay for being equipped to partake

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research project on "Assessment of Pathology in Childhood". The work is carried out by the Profile Research Group, Chairman Humberto Nagera.

² For a more detailed description of the Profile as a way of thinking, cf. Nagera (1963).

in clarifying assessment differences, thereby augmenting internal checks which the various profile subsections exert on each other (Nagera, 1963).

(ii) As regards its comprehensiveness we have been struck, contrary to expectation, by the unremitting temptation to incorporate yet further concepts into the profile, each seemingly as indispensable as all the others (e.g. Sandler and Rosenblatt, 1962). Yet a tendency to weed out established ingredients proved almost equally irresistible. Both served as a healthy reminder to keep within the confines of using only the least number of mutually independent, necessary and sufficient assumptions—though their number will necessarily remain vast. Criteria for admission or rejection of concepts are badly needed.

When making a profile, a tendency towards comprehensiveness also clamours for expression. One would like to comment on all subsections equally, to the extent of making up by speculation what is not supplied by fact, even though the case material can hardly be expected to furnish everything, especially at the initial assessment stage. It is easy enough to read into the material more than can be read out of it. Where subsections have been uniformly "filled" the overall impression tends to become meaningless. It is more important to point out just where features do not "add up" or where we can not get clues. Once alerted to certain incongruities the validity of assumptions can then be tested by what emerges in treatment. I recall a particularly puzzling profile of a severely disturbed early latency girl with a history of suspected seduction. The material in some subsections just would not fall into place and this very fact was noted as a pointer for comparison with equally incomprehensible features in future cases. Systematic study of a group of truly seduced children would probably show a specific atypical constellation of profile features and their isolation would be invaluable for differential diagnosis.

Comprehensiveness, however, becomes essential in the Terminal Profile, when knowledge gained in treatment accounts for a less well-proportioned picture. Comparison of Intake and Terminal Profiles is in the focus of our attention (Research Project, Hampstead Child Therapy Clinic) and poses many problems of formulation and presentation. We would like to know exactly why what kind of interpretation laid the foundation for lasting changes at what particular stage in therapy and in what part(s) of the personality. Progressive maturation must also be taken into

account. More generally, the question arises of how best to abstract clinical material without sacrificing those significant clinical examples that should remain landmarks for future researchers.

(iii) Anna Freud, when asked about the advantage of using the profile said that we are thinking in a metapsychological way anyhow—the profile just does it a little more explicitly. Familiarity with analytic terms, however, proved no substitute for our lack of precision when using even the most common terms (Furman, 1966, Hampstead Child Therapy Clinic) and the intensive study of many basic concepts (from S. Freud, *S.E.*, 1-24) has since become an invaluable part of the teaching programme of the Hampstead Clinic and elsewhere (Amsterdam; Cleveland; Neubauer, New York).

(iv) Lastly, the most pervading misunderstanding has been that of rigid form-filling. It should be remembered that, like analysis itself, the profile is based on direct clinical observation, allocating to theory no more than its proper ancillary place. There is a tendency to veer away from clinical grounds whenever we become unsure—in this case the profile may beckon as a form-filling refuge. It cannot be stressed too much that Nagera's dictum (1963) to work from the clinical material to the profile (and not the other way round) must be adhered to, come what may. The profile is merely intended as a reminder of essentials. What escapes clinical observation cannot be profiled, though its absence may merit comment (cf. ii, above).

In contrast to other assessment procedures which aim at funnelling information into closed channels, I like to see the profile as an open-ended system, ideally suited and adaptable to operational and long-term clinical research. By now the original profile (A. Freud, 1962) has undergone modification and elaboration (Nagera and Bolland, 1965; Laufer, 1965; A. Freud, Nagera, and W. E. Freud, 1965) and the diversity of its application testifies to its adaptability.

Retrospective abstraction of type-specific features in circumscribed clinical entities, like the "Impulsive Psychopathic Character" (Michaels and Stiver, 1965) or the Alcoholic (Berger, 1966) vies with current "live" assessment of schizophrenics (Freeman, 1966), attempts to investigate borderline children (Thomas *et al.*, 1966), handicapped (blind) or retarded children (Nagera and Colonna, 1965) or the study of differences in a cultural socio-economic group of nursery age (which is being undertaken at the

Hampstead Child Therapy Clinic). The profile's potential in connexion with selection and training progress of psychoanalytic candidates is currently being explored by one Institute (Chicago), and there seems wide scope for its use in personnel selection procedures as well as in screening students for university entrance to reduce breakdown rates.

Most work has been done in connexion with evaluation of treatment results in children, either concerning the effect of direct treatment (at the Hampstead Child Therapy Clinic; Furman, 1966; Heinicke, 1966; Neubauer, 1966; Meers, 1966) or that of treatment via the mother (Furman, 1966; Furman *et al.*, 1966). In simultaneous treatment projects mother and child have been profiled for a better understanding of their mutual interaction (Hampstead Child Therapy Clinic Research Project). A wide range of possibilities is opening up for longitudinal studies, from comparison of Initial Diagnostic Profiles with Intermediate Profiles (to check on probationary periods of treatment) to Terminal Profiles and Follow-Up Profiles in later years (Furman, 1966; Furman, *et al.*, 1966; Hampstead Child Therapy Clinic Research Project; Hampstead Child

Therapy Clinic Proposed Research Project; Heinicke, 1966). Concurrently such activities led to attempts at working out specific Lines of Development for latency and adolescence (Furman, 1966; Furman, *et al.*, 1966; Laufer, 1965). Many other studies have emerged as by-products of profile-work (Hampstead Child Therapy Clinic Research Project; Nagera, 1964; Nagera, 1966; Neubauer, 1966; Sandler and Nagera, 1963; Sandler and Rosenblatt, 1962).

The profile originated in the study of child development and in turn greatly contributed to its understanding. Between them by now the Child-, Adolescent-, and Adult Profiles (A. Freud, 1962; Laufer, 1965; A. Freud, Nagera, W. E. Freud, 1965) cater for the early and middle age-groups. One centre is using the profile for 3-year olds (Neubauer, 1966) while another also contemplates retrospective assessment of longitudinal studies which began in infancy (M. Kris, 1966). There is no reason why, at the other end of the scale, the profile should not be used to gain more understanding of the specific "developmental" problems of ageing, from conflicts over menopausal changes and retirement to the stresses of ripe old age.

REFERENCES

- BERGER, Stanley (1966). "Psychoanalytic assessment of the alcoholic patient: a special application of the Adult Profile." (Unpublished.) New York.
- FREEMAN, T. (1966). Report of research project under the auspices of the Hampstead Child Therapy Clinic. (Unpublished.)
- FREUD, A. (1945). "Indications for child analysis." *Psychoanal. Study Child*, 1.
- (1962). "Assessment of childhood disturbances." *Psychoanal. Study Child*, 17.
- (1963). "The concept of Developmental Lines." *Psychoanal. Study Child*, 18.
- (1965). *Normality and Pathology in Childhood: Assessments of Development*. (New York: Int. Univ. Press; London: Hogarth.)
- FREUD, A., NAGERA, H., FREUD, W. E. (1965). "Metapsychological assessment of the adult personality—the Adult Profile." *Psychoanal. Study Child*, 20.
- FRIJLING-SCHREUDER, E. C. M. (1966), Amsterdam Profile Group.
- FURMAN, R. A. (1966). Paper presented at Topeka.
- FURMAN, R. A., *et al.* (1966). "The therapeutic nursery school." (To be published.)
- HEINICKE, C. M. (1966). "The use of the Profile in assessing change during and after treatment." (Paper presented at Topeka.)
- KRIS, M. (1966). Personal communication, 1966.
- LAUFER, MOSES (1965). "Assessment of adolescent disturbances: the application of Anna Freud's diagnostic profile." *Psychoanal. Study Child*, 20.
- DE LEVITA, D. J. (1966). Amsterdam discussion remark.
- MEERS, Dale R. (1966). "A diagnostic profile of psychopathology in a latency child." *Psychoanal. Study Child*, 21.
- MICHAELS, J. J., and STIVER, I. P. (1965). "The impulsive psychopathic character according to the diagnostic profile." *Psychoanal. Study Child*, 20.
- NAGERA, H. (1963). "The developmental profile: notes on some practical considerations regarding its use." *Psychoanal. Study Child*, 18.
- (1964). "On arrest in development, fixation, and regression." *Psychoanal. Study Child*, 19.
- (1964). "Autoerotism, autoerotic activities, and ego development." *Psychoanal. Study Child*, 19.
- (1966). "Early childhood disturbances, the infantile neurosis, and the adult disturbances—problems of developmental psychoanalytic psychology." (New York: Int. Univ. Press.)
- *On Obsessional Neuroses* (in preparation).
- NAGERA, H., and BOLLAND, J. (1965). "The present form of the developmental profile (draft of

the diagnostic profile)." (In use at the Hampstead Child Therapy Clinic.)

NAGER, H., and COLONNA, A. B. (1965). "Aspects of the contribution of sight to ego and drive development: a comparison of the development of some blind and sighted children." *Psychoanal. Study Child*, 20.

NEUBAUER, P. B. (1966). "Notes on the developmental profile." (Paper presented at Topeka.)

SANDLER, J., and NAGER, H. (1963). "Aspects

of the metapsychology of fantasy." *Psychoanal. Study Child*, 18.

SANDLER, J., and ROSENBLATT, B. (1962). "The concept of the representational world." *Psychoanal. Study Child*, 17.

THOMAS, Ruth, *et al.* (1966). "Comments on some aspects of self and object representation in a group of borderline children—the application of Anna Freud's diagnostic profile." *Psychoanal. Study Child*, 21.

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CHILDHOOD PHYSICAL ILLNESS AND INVALID ADULT PERSONALITY¹

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This is a clinical report based on the analysis of an adult male engineer who initially presented a profusion of symptoms, a pan-neurosis with marked ego constriction. Developmental phases and their transference manifestations were commingled in a shifting pattern, reconstructed as due to the traumatic situation of rheumatic fever at age 4½. The disease persisted for five to six months, resolving without physical sequelae. This brief communication will focus on the profound personality disturbance enduring after somatic recovery, and the later understanding of the disorder through the atypical adult transference.

The patient's disturbed object relations were reflected in his unusually childish behaviour at the outset of treatment. There was such dependent and incestuous fixation to the still available original objects, especially his mother and his sister, that at first only transference reactions were discerned with frequent acting out at home, as might be seen in child analysis. The patient would treat his wife and mother-in-law like his sister and mother, developing jealous rages in relation to any separation or withholding of gratification. He had numerous somatic complaints, was unable to work or play effectively, and avoided mature sexual activity. He pleaded for ceaseless attendance and reassurance; he demanded that the therapist pick him up and take him to the office to receive extra time, gifts, and feeding. He was fearful of both injury and exploitation in the analysis and would test the therapist with requests for direct advice, joint financial ventures, and homosexual relations. The analysis of his primitive defences and his acting out of transference fantasies was concurrent with the gradual formation of a therapeutic alliance. This led to the increasing intensification and concentration of transference with the amelioration of external symptoms and the development towards transference neurosis.

The transference recapitulated the childhood

illness with its virulent emotional after-effects. Transference revealed the infantile in the invalid and demonstrated the developmental effects of the traumatic injuries and infantile gratifications incident to his bodily illness. He lay on the couch like a suffering child in bed awaiting the diagnosis and treatment of the bedside physician. There was at first a rapid shifting and alternation both within sessions and from hour to hour in levels of regression and integration. Discriminating adolescent interests would be replaced by childish whining and wheedling, and infantile imagery. This was an expression of his inability to maintain any libidinal position or cognitive concentration, and, in particular, his rapid retreat from oedipal configurations and the revival of trauma. He would defensively retreat from incestuous wishes only to demand newly disguised regressive gratifications.

The shifting transference and level of regression apparently duplicated the fluctuating picture of rheumatic fever. There was remission and exacerbation of fever, joint pains, malaise, and immobilization. He was confined to bed, where he was fed, and had to be carried to the bathroom. (He later demanded that he be carried to and fed in the analyst's office.)

The reinfantilized regressed child had interpreted his paralyzing illness as punishment and castration for his oedipal wishes. He was fearful of motility and masturbation, and his immobilization led to increased internalization of aggression. There was telescopic revival of earlier traumatic conflicts. His personality development was interrupted and invaded, with loss of previous achievements and impairment of secondary autonomies related to socialization, independence, and learning. His attempts at restoration of passive symbiosis mirrored the actual delegation of executive ego functions to the caring objects at the time of the illness. He was enormously jealous of, yet identified with, his younger sister, whom he regarded as cas-

¹ Read at the 25th International Psycho-Analytical Congress, Copenhagen, July 1967.

trated, but able to move and stay with mother. In the service of assurance of recovery and denial of damage he also believed his sister had acquired a phallus. His imagery, fantasies, nightmares, and sensorimotor associations were intimately connected to the rheumatic fever period. His imagery, a subject in itself, was related to the narcissistic daydreaming of an isolated sick child and was overtly concerned with violence, crippling, and accidents. He had images of penises being chopped, of children frozen in the snow and wearing heavy coats in summer, reproducing his feelings of mutilation, chills, and fever. There were dreams of motor accidents with body damage, loss of locomotion, and distortion of the body image. Fantasies of persons shot in the heart represented the fears of cardiac complications and damage from the tachycardia of his fever and masturbation. A dream image of the antenna broken off the car was not only representative of castration, but of his inability to communicate with mother, who had originally been deaf to his cries.

For two months the little boy had complained of fatigue and pain in his limbs, crying and clinging to his mother, only to be rebuffed. This proved to be related to his central masturbation fantasy, in which he stimulated an originally aloof woman to crave him irresistibly and to do anything to satisfy him. The mother's initial rejection had been followed by guilty overprotection and indulgence after the family doctor had diagnosed rheumatic fever and ordered the child to bed. His infantile omnipotence was a defence against his feeling of impotence and helplessness and was strengthened by his gratifying tyrannical control over his mother during the illness. In the transference he demanded that the analyst consider him sexually and socially irresistible, deserving of treatment without fee, special consideration, and indulgence as an exception.

The infantile conflicts were interwoven with the general conflict over motility. The removal of feelings of constriction after immobilization, followed by exacerbation of painful motor restriction was the model of his profound ambivalence. Both movement and masturbation were valued but dangerous activities. Burlingham (1953) has described problems of discharging instinctual and affect tensions which develop from motor restraint during physical illness. Tensions may become so unbearable that temper tantrums, speech disturbance and behavioural

disorder may supervene. The patient's speech was under great pressure, he displayed an initial tonic posture, and along with temper reactions had violent fantasies of kicking, striking, pulling, pushing, and punching. The wish to move freely was conjoined with fear of damage and with necessity to prove there was no permanent damage.

The recent work of Kestenberg (1966) on motility patterns and rhythms is particularly relevant. The affectomotor patterns of pre-oedipal phases are integrated in the pre-phallic phase with the aid of both biological synchronization and parental direction. Under the influence of a profound locomotor somatic illness, with prohibition of free movement both by pain and by the parent, there is a regression in the vulnerable motor patterns under development. The normal 5-year-old boy is consolidating locomotor autonomy in running, jumping, and climbing, which also help to develop coordinations and skills related to both adaptation and masculine identity. The actual loss of voluntary motor control and confinement to bed activate pre-oedipal fears of loss of control and sphincter incontinence. The patient who needs to be carried to the bathroom by the parent is fearful of inability to wait and delay, and dependent on the parent's response. Excretory self-regulation is dependent on locomotor autonomy. In this patient's associations bodily tensions and joint pains would often be followed by anal and/or urinary urges. Phallic and probably testicular sensations, rheumatic discomforts, and ano-urethral tensions were all blended and the unpleasant stimulation blamed on the mother. In analysis, especially when confronted with separation, the patient was both fearful of becoming paralysed, unable to get off the couch, and/or desiring to interrupt the hour urgently to urinate. In the early phases of analysis a measured gait, tense posture, and slow, strained movements on the couch indicated the partial loss of spontaneous, harmonious affectomotor rhythms. The rheumatic fever had not only assaulted his growing independence, but forcibly interrupted the process of individuation. The immobilized child cannot do things in his own way or time, and cannot control or rely on the devaluated parent who has failed to protect or cure him.

The history of a childhood traumatic illness, especially involving locomotor impairment, is very likely to be causally related to a pre-disposition to acting out. Kanzer (1966), de-

scribing the motor sphere of the transference, emphasizes the characteristic motility of each phase of development, and the multidetermined contributions from all phases, rather than only preverbal influences. The rheumatic fever had been a phase-specific trauma of the oedipal period, occurring after relatively advanced ego differentiation and structure formation.

The reconstruction of this patient's acting out of the transference revealed both the defensive and adaptive aspects of his impetuous action. He would deny his motor paralysis and avoid awareness of the accompanying panic and rage, while testing his capacity for independent operation, and motor mastery of the object world. His acting out and acting in were related to solutions of his dependency-authority conflicts. Specifically, he sought release from motor restriction and frustrated oedipal masturbation, restrictions which were symbolically repeated in the analytic situation. His compulsive masturbation was an anxious avoidance of strivings toward the incestuous object and an unconscious, defiant, delinquent activity which was opposite to passive avoidance.

The intensity and vividness of his unconscious masturbation at times dominated the transference, leaving the patient in a state of urgent excitement. The attempts to act out and act in the unconscious masturbation fantasy were structurally similar to the formulations of Anna Freud (1949) in relation to certain types of social maladjustment. The patient did not connect the driving force of his masturbation with his attempts to seduce or coercively control objects in the environment, nor with his proneness to accidents involving his hands.

The rheumatic fever, with its particular protean forms and unpredictable exacerbations, was readily drawn into the realm of magical reassurance and retribution. In his masturbation he had omnipotent control not only of the object, but of his own pleasure and pain. He attempted to immerse himself in a pleasure domain which would defensively shut out pain, anxiety, and frustration; the masturbation was an attempt to repair trauma through discharge and illusory mastery. The transference of masturbation-illness was particularly resistant to interpretation and the patient would refuse to acknowledge the outer reality of time and current considerations. In depth of regression of ego functions this was not a psychotic transference, but a refusal to interrupt masturbation which warded off excruciatingly painful affects. In fantasy he

would find omnipotent solace from all injury and desertion and achieve complete possession of his mother. The transference struggle also demonstrated the adaptive value of his masturbation. He was able to provide gratification independent of the bodily ministrations of his mother, supporting autonomy from the symbiotic tug of being sick and bedridden.

The patient was manipulative and cajoling, attempting to create guilt in the analyst, as he presumably had in his mother, with archaic fears of being controlled and exploited in retaliation. The passive feminine position protected his masculinity from retaliatory castration and continued the passivity imposed upon him as a cure and protection against recurrence of rheumatic fever. He was fearful of infections, avoided competitive sports, and later avoided scholastic competition.

The impairment in autonomy and stability had not been directly perceived during the latency period, and was further aggravated by continuing external overstimulation. The pronounced regressive tendencies, coupled with the demand for independence and remobilized oedipal conflict, led to severe emotional disturbance in adolescence. The enforced infantilization, the sado-masochistic feelings heightened by pain and fever, the revival of pre-oedipal traumata, and primitive aggression during the rheumatic fever left the patient predisposed to overwhelming anxiety and guilt in later life. The traumatic influences of the rheumatic fever situation became structured in his personality, facilitating psychopathology in interaction with the conflicts and problems of his later development.

Finally transference reconstruction confirms not only maternal participation in the bodily reactions and overstimulation of illness, but also raises the question of the effect of maternal guilt and aggression toward the sick child. There was evidence of identification with a depressed mother, whining, complaining, feeling martyred and herself entitled to special compensation.

The rheumatic fever created a massive inner disturbance, but also induced a pathological alteration of the mother-child relationship. To be cured meant rupture of a symbiotic bond and separation to begin school, while relinquishing his needs for suffering and reparation. Through psychoanalysis this patient was at last able to achieve some mature independence and recovery from the crippling infantile fixations and conflicts which had led to a continuing paralyzing illness.

REFERENCES

- BURLINGHAM, D. (1953). "Notes on problems of motor restraint during illness." In: *Drives, Affects, Behavior*, ed. Loewenstein. (New York: Int. Univ. Press.)
- FREUD, A. (1949). "Certain types and stages of social maladjustment." In: *Searchlights on Delinquency*, ed. Eissler. (New York: Int. Univ. Press.)
- KANZER, M. (1966). "The motor sphere of the transference." *Psychoanal. Quart.*, 35.
- KESTENBERG, J. (1966). "Rhythm and organization in obsessive-compulsive development." *Int. J. Psycho-Anal.*, 47.

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PANEL DISCUSSION¹

JACOB A. ARLOW, ANNA FREUD, JEANNE LAMPL-DE GROOT, DAVID BERES

Dr Arlow (Moderator): When I was thinking of how to introduce this Panel it occurred to me to say that it was the intention of the Programme Committee that after the colleagues of the convention had worked so hard and so long on different problems they would like to relax and have other questions and problems placed before a panel of our leading colleagues. I was going to compare it with a dessert at the end of a meal, to introduce some touch of humour; however, I am in no position to do so because our hard-working colleagues have not given up their determination to work out the problems with which they have been grappling all week. About half the questions that have been sent up to me concern the very topics around which we assembled originally, namely the Pre-Congress meeting on selection of candidates for training, and the main theme of the Congress, acting out. In addition, a few of the subsidiary panels which took place during this week have occasioned additional questions. I have had to make a selection and I hope that the members of the audience who submitted questions will not be disappointed if some of them are not brought before the Panel. Also it has been necessary for me to combine a number of the questions. Accordingly if your question is not asked in the precise form in which you presented it the fault is mine and I beg your indulgence.

Our first question is one of definition, and a good point of departure, I believe: *How do you understand the concept of object constancy, and at what stage in the development of the child does this become a persistent quality of the child's mental functioning?*

Miss Freud: How do we understand the concept of object constancy? May I say that this is a question for which I am quite well prepared because every visitor who has recently come to our Hampstead Clinic has asked it. It is evidently a concept which has caused a good deal of confusion recently in analytic thinking, introduced by people who approached it not from

the analytical but from the psychological side. They define object constancy as the child's capacity to keep an inner image of the object in the absence of the object in the external world. I have never used the concept in that sense and in our Clinic some people have followed my example.

What we mean by object constancy is the child's capacity to keep up object cathexis irrespective of frustration or satisfaction. At the time before object constancy the child withdraws cathexis from the unsatisfactory or unsatisfying object. Also in times when no need or libidinal wish is present in the child, the object is considered as non-existent, unnecessary. The turning towards the object takes place again when the wish or need arises. After object constancy has been established the person representing the objects keeps this place for the child whether he satisfies or frustrates. If you use the concept this way it is related closely to the overcoming of what we call the need-satisfying phase. The need-satisfying phase is pre-object constancy; when it has been passed and the next step has been taken, object constancy comes into being. The object keeps its place. That is at least how I use it; other people may use it differently.

Dr Lampl-de Groot: Well I think many of the colleagues in the audience will not be astonished to learn that I am much in agreement with Miss Freud on this subject.

I should only like to put one question. Is it not possible to integrate the psychoanalytical concepts from the viewpoint of development, of need-satisfaction and need-frustration in the child with data gained in developmental child psychology, as it is done, for instance, in a wonderfully clear way in René Spitz's book *The First Year of Life*? I wonder, and maybe Miss Freud could give her idea about it, whether the process through which the child goes on gradually from the need-satisfying object-relationship to a more or less object-constancy

¹ Read at the 25th Congress of the International Psycho-Analytical Association, Copenhagen, July 1967.

would not start approximately at the same time upon which the image, at least of part of the object, is retained in memory.

Dr Arlow: This is a subsidiary question to the one asked, "At what stage does object constancy become a persistent feature of the mental life of a child?"

Dr David Beres: The point I would like to make on the subject of object constancy is that I agree entirely with Miss Freud's and Dr Lampl-de Groot's definitions of it. But I see no reason not to include, as part of the problem of object constancy, the psychological problem of mental representation. I would say that without the development of the child to the point where it has the capacity to form a mental representation of the object which remains in the psychic apparatus (and I am using a very crude metaphor here), in the absence of the object, object constancy in Miss Freud's sense would not be something of which the child would be capable. I think that there is no reason to eliminate the psychological aspect, I am not sure that Miss Freud meant to do so. I see she is shaking her head now and I am glad to see that we agree. But I certainly would agree that from the point of view of the psychoanalytic application of the concept of object constancy, it is its clinical application as we see it in the behaviour of the child toward the parent that is significant.

Miss Freud: I certainly did not mean to neglect the psychological side altogether, namely the establishment of an independent inner image. I only think that the two processes are different from each other. The capacity to retain an inner image comes before object constancy. To my mind it is characteristic and relevant for another advance in the child's life as shown in Spitz's book, *The First Year of Life*. With this capacity the child takes the step from the object being an object for the id, to being an object for the ego. But that is not the same as object constancy. Object constancy means, on top of that, to retain attachment even when the person is unsatisfactory. I could give you a small example, but this was from a child of slightly later years, probably 4 or 5, when we had so much to do with separated children. The children once talked about why one had photographs on one's mantelpiece, for instance a photograph of one's mother. One of the little girls said, "That is so that you don't think they have gone all nasty when you haven't seen them for a long time". Now this isn't quite what object constancy means, because the aggressive or angry relation to the object is still

a relationship, but I thought at least it was on the way to explaining what happens. The next step would be to lose the object altogether because it has given disappointment, pain, and frustration. But one is tied to it good or bad, for better or worse. I think that is object constancy.

Dr Arlow: It seems that the clarification and the definition of concepts is one of the main responsibilities of this generation of psychoanalysts. Let me read just two statements which came from colleagues at the Congress, and I assure you that they are typical of many communications received. One says, "Many of us feel disappointed by the manifold meanings accorded to the term 'acting out'. Could the Panel suggest a way out, perhaps by giving a definition and limitation of this concept so that we can again understand each other on the basis of mutual consent and of the clear phenomenological facts we all borrow from our psychoanalytic practice?" Or stated in another way, perhaps a more pragmatic way, "Would you suggest some terminology that might help us to reduce the present confusion?" There are two questions here. A particular one: *Shall we continue with the task of trying to limit the significance of the concept "acting out"?* and a general problem, *What can we do about the terminological confusion with which we are all struggling?*

Miss Freud: That is what we have been concerned with the whole time. And I waited from day to day and meeting to meeting for the final clarification of the concept. I don't think it has come. I don't think it has come because once an analytic term has acquired a certain meaning, whether right or wrong, it is difficult to take it away again. That is why I thought in the course of these days, that perhaps we would do better to re-name the processes which we have discussed. I don't think we will ever find a better word for remembering. That is all right and it is quite clear that what we remember is the past. In present use, we take only one step from remembering to acting out—as I did in my paper. Now I suggest that we place the difference between remembering and re-living which leads to the difference between past and present. Once we have that term, "re-living", we can look at it and dissect it further. We can relive the past within the analysis or we can relive the past outside the analysis. We can also relive the past in a variety of ways, purely through our emotions or through re-experiencing the impulses of the past; or through reviving in our behaviour the

attitudes of the past. But now, if you look at behaviour, there is the question where the delineation between behaviour and action lies, because, after all, behaviour is a form of action. We might take the step here of differentiating between behaviour that either involves only the person himself or other people as well. The transference situation after all is no more than that the analyst says, "I realize you have to relive the past, you cannot just remember it. If you have to relive it, please, here I am, relive it with me". That means transference behaviour toward the analyst restricted to the analytic situation. We also ask the patient further, "So far as you can, exclude motor action." But what is motor action? If the patient is late and repeats the past thereby—as one of my patients did whose father always complained that he was dragging his feet as a form of his father relationship, and who dragged his feet also in coming to the analytic hour—is this motor action or is it behaviour? It is up to the individual decision. Reliving the past in the transference is, as I said before, a legitimate tool of analysis, added to mere remembering. Perhaps we would be wise not to use the term of acting out for this. (By the way, somebody suggested that the "out" in "acting out" already gave the direction towards the outside world; but I would like to remind you that this is translation. The original version of the term had no "out" in it; it was merely a sub-species of action, meaning impulsive action or action on the basis of the past, action on the basis of the repetition compulsion.

Reliving in the transference in its various forms up to motor action is divided then from the same kind of reliving in the outside world. I only consider here reliving which is promoted by the analytic process. You might come to the decision that you want to restrict the term "acting out" to this last category of behaviour, i.e. reliving plus motor action involving other people in the outside world. This would be "acting out" pure and simple. You would have to take the decision, when you see this whole series of manifestations, which of them are most suitable for the purpose of interpretation and therapeutic use. Where do you want to set your limit? As you have seen in the discussions, people set their limits in all sorts of spots; some find even the extreme acting out in the external world very useful. Some have set their limits very close. It almost sounds as if they are opposed even to reliving in the transference.

I think these are the problems which we have to clarify in the future. I would like to add one other point here. It has been said repeatedly during the Congress that acting out increases with every separation from the analyst whether for weekends, holidays, etc. I agree that thereby all separations and the frustration and pain caused by them are brought into the transference and are relived. But I can see it also in another light, namely that the analyst temporarily withdraws his person which he had offered for reliving, and the patient's answer is, "Alright if you are not there, I'll find other people with whom to relive my past". I think we should consider this besides the repetition of past separation. I hope I haven't added confusion.

Dr Arlow: This is going to be the last court of appeal, at least so far as this Congress is concerned, so that if we are to arrive at a definition, the time is now.

Dr Beres: I have had the privilege of conducting a study group seminar in New York on the subject of acting out that lasted for two years instead of four days. We came out, I hope, with some increased knowledge, especially what various authors have said about it. But I must say we came out with more uncertainty about what the concept meant and how it was used, than when we started. Dr Burness Moore had prepared a paper which was to have been presented at this Congress which would have given some of the thoughts that we arrived at, but unfortunately this could not be arranged.

The thought which I would like to express may seem a bit radical and perhaps, to some minds, out of order, but I believe it would be very much wiser if we were much less concerned with the question of terminology and much more concerned with the underlying clinical observations and concepts which we are dealing with when we try to apply a given concept. I think that the discussion here has proved, in the last few days, and proved very clearly that the term acting out is an unsatisfactory one. It is an arbitrary matter whether one wants to limit it to the psycho-analytic process; or to what arises out of the psycho-analytic process; or whether one wants to go beyond that into action which takes place outside of the analytic situation. There are reasons for one point of view; there are also arguments for the other. I think it would be more fruitful if, instead of concentrating, as it seems to me we have to a very great extent in this Congress, namely on the question of which is the best terminology, I find in the discussions

by Dr Lampl-de Groot, Dr Greenacre, and Dr Vanggaard similar thoughts to what I am saying. We have dealt with the question of why does a patient in a conflict situation—specifically, let us say, as it evolves in the transference in the psychoanalytic situation—choose as his way of dealing with the conflict, some form of action rather than some form of thought. This, I think, is the basic question and we could spend the rest of the hour if we were to try to develop it.

I wish to emphasize my point: let us consider more basic concepts, basic clinical observation and not consider it as terribly important whether we call it acting out or give it a new name. I cannot offer any suggestions for a new name at this point, and I agree with what Miss Freud has said: when a name gets implanted in the terminology it is very hard to dislodge it.

Dr Arlow: May I return and be the devil's advocate. In a simple-minded way I will repeat part of the question. Could we agree upon some definition? Why do we have this confusion? Is there, perhaps, something in psychoanalytic training which could be improved, perhaps some changes in our method of teaching or the design and organization of our curriculum? Perhaps these are some of the questions which we should turn to because we seem to be dealing, at least as one aspect, with a consequence of problems of training. How does this all come about? What can we do about it? Are there some changes in our psychoanalytic curriculum which would be advantageous at this point?

Dr Lampl-de Groot: I should like to begin with not speaking of the psychoanalytic curriculum as such, although I will say a few words on it later. I want to make one point.

The suggestion of Miss Freud to use the term "reliving" instead of acting out in connexion with the relationship of the patient with the analyst, is, I think, a valuable suggestion in respect of clinical experience. There is a certain amount of material in psychoanalytic treatment that cannot be remembered. Not only because repression or warding-off mechanisms or organizations are too strong or too rigid, but also because there is a certain amount of material that may come from a pre-verbal stage of development. This particular material can only come into the analysis in a non-verbal form in behaviour, in "reliving" impulses, emotions, wishes, and so on. I think for this piece of material it would be very good to have this change in terminology.

With regard to the second point, do we need a clearer definition and a clearer terminology? I agree that it is not so important what words one uses, as long as we all have the same idea about the meaning of the word or term. But in a case where there is so much confusion as there has been at this Congress, I think it is really important to try to make a differentiation in terminology. I heard, in between the papers, from many colleagues the question, "Why is it necessary to narrow the concept of, for instance, acting out, but also of transference, of resistance, and so on into psychoanalytic science?" I told my colleagues that in every science it is necessary to use the terms in the context of that special scientific discipline. We take the words from everyday life—we can't do anything else—but in a science, and it applies to every real science, to the science of physics, to biology and so on, in every science we take the meaning for the concept in relation to the other concepts of that particular science. Of course, in psychoanalytic science that means a concept that applies to, or has meaning in, metapsychology.

From that point of view I think it is only useful to use the terms "acting out", "transference", and so on in the metapsychological sense. Of course, I cannot go into this problem very far now, because the time is limited, but I think it would be worthwhile if one of us would undertake to try to give meaning to the terms in the context of concept formation in psychoanalytic metapsychology. I do hope there will be someone who does it. I can add one sentence. For the concept of *transference*, this work is very nicely done by Kuiper from Amsterdam, and I should like to ask him whether he could do it for other psychoanalytical terms too—for instance, for "acting out".

Dr Arlow: Perhaps we will need a scientific, psychoanalytic Lexicon; but one we would have to be prepared to see changed all the time because the difficulties we have with terminology are, to a certain extent, reflections on the advance and the progress of our science. If we could be satisfied with our terms all the time we would probably have learnt very little in the intervening period. One such question touches on this very subject. It has to do with changing indications for psychoanalytic therapy. Originally male overt homosexuality was not considered a good indication for psychoanalytic treatment. *What would you say now about the effectiveness of psychoanalysis for treatment for male overt homosexuality? In such treatment*

would you recommend any variations from the standard classical technique?

Miss Freud: To answer the last question first, I would certainly not recommend any change from the psychoanalytic technique, why should one? But otherwise the question is very difficult to answer, because it sounds as if there were only one kind and type of male homosexuality. As we know, there are many types, there are many attitudes to the wish to change, there are many different abilities to change, there are many levels from which this particular manifestation arises. So I would say the answer has to be given for the individual case rather than for the category as such.

Dr Arlow: What elements would guide you in one case to suggest that psychoanalysis be undertaken and what elements would guide you to discourage such a recommendation in another case? What would you look for in reaching, let us say, a favourable decision for psychoanalysis?

Miss Freud: This question has been discussed very often, as you will find in the literature and it doesn't really need discussion here. It has always been said that the patient's wish to change plays an enormous part. The homosexual who comes with the wish to change has a better chance than a homosexual who comes merely—I am thinking of a recent case—to remove excessive anxiety which disturbs his homosexual life. This is a completely different situation. Of course, things are not as clear-cut as that. Homosexuals also come without the wish to change and acquire the wish during treatment, or the other way round. Any general answer I think would go wrong.

Dr Arlow: Here is a question which has been passed by before. *What changes would you suggest in the psychoanalytic training curriculum? And for what goals?*

Miss Freud: How much time have we got?

Dr Arlow: We have a few other questions. We can allow five minutes for this one.

Miss Freud: It is too big a question, but it is a question that is worth a great deal of discussion. It is also a question with which I have been engaged for quite some time now. Perhaps I could answer it only with one sentence. I would not expect to reach the major aims that we have for analytic training such as change of personality, changed outlook on life, the acquisition of a new technique, perhaps also the application of the theoretical body of knowledge to a larger number of fields. I would not expect to reach this maximum aim in the minimum time that our

candidates now give to our Institute, even if they give that time over a number of years. This might serve as a starting-point for discussion.

Dr Beres: Of course, there is no question that this is so important a topic that one could spend a great deal of time at it. I would only make one or two very brief comments.

My experience with recent graduates and senior students is that the main difficulty that they present, as I see it, is that they are over-theoretical, under-clinical and in many instances not capable of clear thinking. It seems to me that our curriculum could be changed so that in the early years the candidate learns to think in relation to what his patients bring to him and to be more concerned with the material as it presents itself. As Freud has said, to let the material of the patient speak for itself, and not to begin with the highest level of theory and then work down to what the patient has to say and fit the patient into the theory.

I think that also the question of what I could call scientific methodology should apply in our work as it does in work in any other scientific field, and that we should be trained from the very beginning to validate whatever conclusions we arrive at. We should have some basis for whatever interpretations we make instead of presenting our speculations as though they were facts.

Dr Lampl-de Groot: I am in complete agreement with Dr Beres that one of the first things that a candidate should learn is really to think, to think independently, to think on his own. I am also in agreement that it is very necessary to learn to do some methodological research in order to acquire a scientific attitude.

I want to add one more point: in many countries, I do not know whether it is in all the countries represented here, but in our country, for instance, the idea of scientific research in psychological fields is meant to be a research in psychology, quantitative psychology. What I think is necessary for the candidates to learn is not to think in the way of quantification but first to think about what Dr Beres said: to look at the material the patients bring, and to try to understand that psychoanalytic treatment is a *process*—a process which has to be accompanied by the analyst and not be disturbed through untimely or inappropriate interference.

Dr Arlow: Here is a *specific question, dealing with training:* "There are two contradictory opinions which I hear about re-analysis, this is re-training analysis: the one is that re-analysis keeps the analyst dependent on his training

analyst; the second is that dependency feelings should be worked out in re-analysis and not be cut off by making the training analysis the one and only subjective experience of analysis for the analyst. It is clear that I adhere to this second opinion but I would like very much to hear the opinion of the Panel on it."

Miss Freud: I think that we should separate the question of re-analysis from the question of transference to the first analyst. It seems to me that these are two quite different matters.

If an analyst after training returns to his analyst—I mean if a trained candidate returns to his training analyst for reasons of dependence, longing, and unsolved transference—this is certainly not desirable. If a young analyst returns to analysis, whoever the analyst, because working with his patients and entering into analytic thinking has brought up new problems in himself through which he wants to work, this is desirable. I think this second possibility should not be discouraged for fear that it might stem from the first, namely from transference dependence. Usually, so far as I know, such a re-analysis does not take place with the same person as the training analysis; but that is not the important point.

Dr Lampi-de Groot: You very often hear that re-analysis makes a candidate more dependent upon his analyst or upon the second analyst (by means of the transfer of the transference so to speak). I always have the feeling that when it is "dependency" that brings the young analyst back into analysis, it is not because he is especially dependent upon one person, his former analyst, but upon the unsolved neurotic conflict. In cases where the neurotic conflicts are more or less solved the so-called dependency is nothing more than the "dependency" that human people have on each other because everybody has the need to have friendships, to have contacts, and so on. In case the dependency is too strong and the young analyst does not dare to be independent it points to the very fact that his neurotic conflicts are not sufficiently solved.

Dr Arlow: Now here is another question of a clinical nature. "Do you think that the conflicts originating during the first year or so of life are more significant for the origin of neurosis than the conflicts of the Oedipus phase? If so, how does it effect the analysing of derivatives of the Oedipus complex?"

Miss Freud: It is not an easy question, but one might find a way out by saying that it is the experiences of the first year of life which shape

the personality. It is then this personality which acquires the pathology.

Dr Arlow: A question about selection of candidates: "Extremes of opinion have been expressed about selection. On the one hand one hears many statements sometimes said as jokes, that so-and-so (eminent and qualified analyst) had he applied to our Institutes at the present time would surely have been rejected. On the other hand, that we want neither the stolidly normal candidate nor the abnormal one. The question is, what kind of candidate do we want? Enough to know that he needs analysis and enough health to stand it". It seems not a good enough rule to me. It seems to me that future analysts need more help than that. This is the question posed by a colleague from the Netherlands.

Dr Beres: One subject I am very loath to discuss is the question of selection. Possibly for the reasons that Dr Arlow just mentioned. The point that I would make is simply this, that I find myself, relatively speaking, in disapproval of the selection methods which I have seen in operation in various Institutes. My feeling is that it assumes the capacity of the interviewers to recognize something called the potential of being a good analyst, I doubt very much that any of us have this capacity. So that I would wonder whether this extreme search for pathology in the candidate, and the elimination of candidates about whom such decisions are made sometimes does not do very great injustice to candidates. I think that unless there is a definite and obvious pathology, perversion, psychosis, and so on, we should be more liberal in our acceptance of candidates.

I have had considerable experience with rejected candidates—that is, persons who have been rejected for admission to Institutes and have then come into analysis on a personal basis. Invariably the opinion of these persons was that they would much rather have experienced acceptance, and even have been dismissed from the Institute after a period of time if they were found not to function adequately, rather than to have had the experience of not even had the chance to become candidates. I would say, as I have indicated here, that I think a more liberal attitude towards selection of candidates might be in order.

Miss Freud: I would like to join Dr Beres one hundred per cent. The uneasy feeling is aroused in many people that in the selection procedures one set of human beings, the selectors, decide

about the fate of another set of human beings on insufficient grounds. It seems to me the most important point, that the interviews and other selection procedures as they are carried out in various Institutes do not provide sufficient material for such weighty decisions. Dr Beres pleads for greater liberalism, and I think again that here one could find perhaps a way out. I have always been very much for self-selection. In the past this was comparatively easy because the social and financial conditions, the image of psychoanalysis in the external world only allowed a certain type of individual to select themselves for psychoanalysis. It was not always satisfactory but it gave a selection. These conditions do not apply any more. My feeling is that we still have it in our power to shape the training in a manner to which only a certain type of individual, the future analyst, will react, namely, that people will select themselves for this profession by being prepared to go through a very specified and very exacting course of training. It seems to me that now we are very strict in our selection and very lenient in our training and I would turn this into the opposite.

Dr Arlow: Now we have time for just one more question and I think we should make it a way-out question. "Looking at the present problem of the use of drugs by adolescents within the framework of acting out, what might one do, since we obviously cannot get them into analysis?"

What does psychoanalysis have to say about the problem of drugs used by adolescents?

Dr Lampl-de Groot: When I was in the United States a few months ago many people asked me about the Dutch "provos" or "hippies". I don't think that psychoanalysis has much to say

to that. We can, of course, try to understand why young people at the present time have such difficulties in adjustment to their environment. By adjustment I do not mean "passive surrendering", it may be actively acting upon the surroundings as well. The only point I mentioned in our discussion was that maybe one of the very many psychological factors alongside sociological influences, could have emerged as a consequence of the second world war, after which the parents of today's young people were often at a loss in their formation of ideals. They may have lost their old ideals to a certain extent, they may have become confused in regard to norms and ideals, and maybe that the young people of today, who were born shortly after the war, did not get from their parents a possibility to form a more or less stable ego-ideal. We could talk about this problem for hours and hours, but I must leave it at that.

Dr Beres: There is an implicit assumption in what Dr Lampl-de Groot said, and I hope she will clarify it. Is it a fact that what we are seeing now is the form in which adolescent turmoil and adolescent revolt is taking; or is it that there is an increase in adolescent turmoil and revolt?

Miss Freud: I must say I do not understand the questioner. The questioner says that unluckily analysts have had no opportunity to analyse these young people who take drugs. But then, what do we know about it? Nothing, of course, until we have analysed some of them.

Dr Arlow: With this I want to say thank you to Miss Anna Freud, Dr Lampl-de Groot, and Dr David Beres; and I speak for the entire audience, thanking the Panel for having been so generous, so magnificent in their efforts on our behalf. Thank you again.

END OF CONGRESS

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Vol. 25

1968

No. 1

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1968

No. 3

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THE INTERNATIONAL JOURNAL
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1982

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1944

ON CANDIDATE SELECTION AND ITS RELATION TO ANALYSIS'

BRIAN BIRD, CHAIRMAN, (Cont.)

Exhibits, Remarks:

would like to say, by way of preface, that my
speech is not quite what was asked of me. My
subject, as outlined by the Chairman of
the organizing committee, Henry K. Hunt, was
"prepare a paper" having an international
character, that would

numerous, domestic and foreign the methods that
are being used and in the evaluation of a
new the experience with them, the various body
parts like the ear and nose and joint
movements and responses in regard to them.

Although this request was very reasonable, I do not respond directly to it. Instead, and the reason I want to explain, responding to the last newspaper an interval in certain formal source of relations with the result that the paper is a pure & rather personal account of some of the things I wanted to say about candidate election and its relation to analysis. The last line of the paper however does deal directly with a consideration of such things.

[illegible]

Winner of the right kind of candidate has such
an enormous superiority that it seems to need little
comment. America, and even our staff, can
win no higher than the candidates selected
is winning, and, at Winter 1900, points out,
Harrison is the winning of candidate "that
issue related to future correction" (p. 287)
• good significant future down is a permanent
and a candidate can choose adds nothing but
hard, 1-100

However, it is more than making a
new living good, bad, and ugly. It
is ultimately the chance has little to do with

what other Institute might expect to find we had and instead reflect on a high priority but with considerable issues the particular Institute our general board of persons to this some Institute has a record of just pursuing and only positive results which are highly relevant to our work.

With a major variable such as this problem in the social sciences, many have grappled about evaluation, however difficult and messy perhaps in social science, where purpose, theory and questioning is so much in vogue about what purpose is achieved in a particular case of the theory being tested and with the amount of the problem being addressed and with the nature of the knowledge that is being sought. The way forward is the way a study group of the Association's Committee on P. A. has been following. Because of the time and the time for the study with the Committee and the time for the study, I would like to say a few words about it.

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charged with continuing a study of unanswered educational questions. "Selection" was one of its first interests, and Greenacre, as a member of the Committee, wrote her very perceptive paper "A Critical Digest of the Literature on Selection" (1961). Then, in 1960, the Committee created a Study Group to work solely on matters of selection.²

During its first years this Group approached selection from two different directions. One, a research venture, was a bold and perhaps foolhardy attempt to answer the seemingly unanswerable question, What makes a good analyst? This study was primarily concerned not with ideal qualities but with real ones. By means of a rather revealing questionnaire-autobiography, an attempt was made to examine the actual qualities of some good analysts, a small anonymous group chosen by a body of their peers. This method led to the collection of data so puzzling, and so difficult to make sense out of, that after several years the study was given up, temporarily at least.

Why the study failed is in itself a puzzle. One reason may have been that the method simply did not reveal sharply enough the special qualities of these good analysts. Another reason, perhaps more significant, may have been what the method did reveal. This small group, supposedly having a common denominator, actually showed very little in common. Instead, these "good analysts" showed apparent differences, both in personal characteristics and in analytic work, so great that the group seemed to represent widely discrepant kinds of analysis. The same evidence, of course, might also have raised the question of how good some of these "good analysts" really were, a question perhaps disheartening enough to prompt the Selection Study Group to give up its attempt to find out "What makes a good analyst?"

As a second project, the Study Group held conferences with representatives of the country's training Institutes. The first of these, in 1962 (Bird, 1962), was directed at sharing and discussing the various Institutes' evaluation policies and methods. Subsequent conferences included detailed presentations by individual Institutes concerning their own methods and their own research. An especially interesting report was Console's (1963) study of one hundred consecutive applicants. Another research project, still continuing, by the Selection Study

Group and several Institutes, is a comparative study of the records of applicants who have applied to several Institutes.

Contributions by the Committee on Psychoanalytic Education and its Study Groups, if measured by the number of answers supplied, are not particularly impressive. If measured in "softer" terms, however, by the searching questions that have been formulated and by the impetus given to scholarly question-raising, the contributions are not unimpressive. A "think" committee rather than an "action" committee, the Association has given it no deadlines, applied no pressure, asked for no special studies, and demanded no results. Internally, too, the Committee has resisted the temptation to find quick answers and has guarded zealously its emphasis upon study, an emphasis which in these days is sometimes difficult to maintain.

The Committee, of course, is but a sign of the times. None of its studies, or its way of studying, would have been possible without there being, among analysts generally, a widespread and questioning concern over psychoanalytic education.

General Considerations

Influenced by this questioning spirit, my paper on evaluation may lean more toward wondering why difficulties exist than toward the difficulties themselves. Not that the actual difficulties are unimportant. They are important, and most training institutions would like to have better ways of evaluating applicants than the ones they use now. Few analysts seem convinced, however, that better criteria and better methods, by themselves, will solve the problem of evaluation. In order to get at the root of the matter, many believe, studies must extend to broader issues of analysis.

Leading directly to these broader issues is the question, What are the Institutes selecting applicants for? This question, which has some very rough and bruising edges, expresses perhaps better than anything else the main theme of my paper. With analysis changing, as everyone knows, and with classical analysis no longer the only kind there is, it is of central importance, in thinking about evaluation, to wonder what kind of analysis the Institutes are selecting applicants to do.

Those who worry about such things leave little doubt what it is that worries them. Some

² The Committee on Psychoanalytic Education currently has four active Study Groups: Selection, Curriculum, Supervision, and Training Analysis.

worry that analysis is becoming less analytic and more therapeutic, changing from a scientific discipline to an organized, purely useful form of medical practice. But this is not all. Others worry that analysis is losing out as the source of theoretical propositions, that new analytic ideas are being derived less from actual experience with analysis than from an intellectual working-over of existing analytic principles, with the result that analytic psychology is gradually becoming a general academic psychology.

Concern about these changes is not new. It appears, for instance, in an Editorial, presumably written by Ernest Jones (1920), in the very first volume of the *International Journal of Psycho-Analysis*, on page 3. The Editorial, on the advent of the new Journal, gave as one of the main reasons for its birth the need to combat insidious changes going on in analysis.

Many similar warnings were sounded by Gitelson, who was perhaps the most valiant and dedicated guardian of analysis as a scientific discipline. Gitelson, like Jones, was particularly concerned about dangers arising from within the ranks, from analysts who, in bringing about what they believe to be advances in theory or technique, abandon its basic tenets. One of the clearest of Gitelson's warnings appears in a paper written twenty years ago (1948). In that paper, after reviewing "the minutes of various conferences on training and education which have been held since 1940", he asks the following question:

do we have the scientific obligation to continue to develop personnel capable of conducting definitive psychoanalysis of patients and of deriving relevant psychoanalytic data from their work, or, are we morally obligated to turn out psychotherapists, more or less trained, in as great numbers as possible, in the interest of some mass therapeutic goal? (p. 203).

More recently, in the same vein, van der Leeuw (1962) says:

... we are faced ... with two opposed opinions. One is that it is in the interest of psychiatry, psychotherapy, and applied psycho-analysis that the largest possible number of people receive a psycho-analytical training, while the other is that the period of pioneering is over and that only those people should be trained who can be expected to make original contributions to psycho-analysis and who will set up a full-time psycho-analytical practice (p. 277).

He continues:

On the whole it can be said of the European societies that they mostly favour the former view. Psycho-analysis is more and more being regarded as a method, a technique like any other, which the psychiatrist should be able to learn and to apply (p. 277).

The special relevancy to evaluation, of these apparent changes in analysis, is selection's contribution to them. Whether accidentally or by design, it would seem entirely possible for selection procedures to pick for acceptance applicants more suited to carrying on a "professional" therapeutic practice than to using the analytic method as an investigative tool.

If asked about this, most Institutes would likely deny favouring such "professional" applicants. But, denied or not, what can it mean when regularly, year after year, admissions committees seem to choose so many candidates who never gain a facility with the analytic process? Is it all the result of accident? Or is it the result of self-deception, of using analytic criteria only as an ideal, and more practical criteria once the chips are down and decisions have to be made?

Evidence that admissions committees may do this, first came to my attention in 1962 at the selection meeting already referred to (Bird, 1962). At that meeting there was much concern about the large number of unsuitable "normal" applicants being allowed to "slip through". These applicants, although often intelligent, attractive and stable, are unsuitable because, in Knight's (1953) terms, they have "normal character disorders". In the meeting's discussion, so many perceptive comments were made about how these unsuitable "normal" applicants could be detected that it seems surprising any at all are accepted. Yet they are. And, because they are, the thought has to be entertained that they do not "slip through" by accident but are "slipped through" on purpose.

Lending weight to the possible purposiveness of their acceptance, is what seems to be the obvious purposiveness of their graduation. In spite of being mediocre candidates, relatively unanalysable and seldom really skilled at conducting an analysis, these "normal characters" are rarely dropped from training but instead are nursed through at the cost of much faculty time and are finally graduated.

What can be the meaning of the apparent favouring of this group? Because such a group—normal, stable, attractive and essentially non-scientific—is precisely what is needed as the core

of a profession, does its being favoured mean that in this way the Institutes are building toward analysis becoming a therapeutic profession?

Becoming a profession, if this is what is going on, has many attractions. For one thing, it means that a group is reaching maturity and can stand alongside other professions in offering wanted services. For another, donning the mantle of a profession often adds significantly to a group's stability, purpose and respectability. Because of these and other desirable features, a profession of psychoanalysis would seem ideal.

What may not be recognized, however, is that becoming a profession is not a gift. It is a purchase bought at the cost, often high, of the demands it makes upon its members. Whether analysts could meet these demands and still remain analysts, is a worrisome question. A profession's most costly demand is for service. Members must be reliable, effective and dedicated producers of the kind of services the public wants. In order to meet this demand, members must effectively curb other interests, particularly scientific and investigative interests, lest these interests distract them from providing service. In a very real sense, then, no matter how securely a profession is based upon science and no matter how scientific its procedures may be, it is essentially an applied field, dedicated first and foremost to the application of knowledge, not to the extension of knowledge.

What this seems to mean is that a profession must be adaptive and eclectic and cannot hold firmly, and perhaps unpopularity, to one theoretical system or to one method. The worrisome issue, therefore, is what happens to analysis when its function changes from investigation to therapy. The chances are, its structure changes too. Changes in structure nearly always accompany changes in function, and analysis would seem to be no exception. For those who worry, this seems to be their main concern—the strange alterations analysis undergoes in the wake of its being used for something other than its original purpose, particularly its use in various forms of professional therapy.

As noted earlier, worry about analysts turning away from the central aims of analysis probably began long before Ernest Jones's Editorial in 1920, and has been going on inexorably ever since. Curiously, no one seems to agree on the kind of cause universal enough and powerful enough to bring this movement about. Some analysts seem to think it is a human force, a force aimed at concealing unpleasant analytic

truths, or even an attempt to destroy analysis. Others seem more inclined to believe it is the influence of various general events, such as the too-quick popularity of analysis, the formality of psychoanalytic education, the two World Wars, and the mergers with medicine and with psychiatry. Searching still further, however, the question arises whether, in addition to everything else, it may be the result of a natural cause, a natural peripheral movement, a movement away from the centre that occurs following most major discoveries.

In the case of analysis, as is usual, the analytic method was the unique discovery. It still is. Strictly speaking, the analytic method, the process, the conducting of an analysis, is the only thing about analysis that is unique. This is the source, and almost the only source, of analytic thinking, the thinking that goes on between analyst and analysand. All else is a product and is in various degrees peripheral. All the great practical and theoretical developments arising out of the analytic process, all the magnificent discoveries, are not, essentially, analysis. Nor, it can be argued, do these discoveries by analysis even belong to analysis. Precedent favours the view that the findings of all scientific methods become public property and go into the public domain. Anyone using them owns them, and, when used, they become part of the uses to which they are put.

Historically, a discoverer's lot is not a happy one. His discoveries are likely to be taken from him as fast as he finds them, and all he is left with is his research method. If he is blessed, or cursed, with great creativity, having his method and an opportunity to use it may be enough. But often it is not enough. Understandably, he may become envious of those who are busy putting his discoveries to work, and angered by the strange—and, to him, improper—things they do with them, he may be driven to join their ranks. His method, no longer used, is soon forgotten, or more likely changed and adapted to applied uses.

Perhaps it is something like this that has happened over the years to analysts. Fascinated by the sheer wealth, appeal and promise of analytic concepts, even the most creative analysts may be drawn more to developing existing concepts than to using the analytic process itself for further basic explorations of the mind. In doing this, they may turn away from the process altogether, even forgetting that this is where everything analytic comes from. It is

almost as if, with so many golden eggs, who needs the goose?

Whatever the "natural" causes of turning analysts away from the classical analytic position and toward a professional position, there seems little doubt that many historical events helped the movement along and helped shape its course. And because these events often worked their effect through changes brought about in the kind of applicants selected for training, some aspects of these events are worth thinking about.

One of the most influential of these events must surely have been the institutionalization of psychoanalytic education. Nothing stamps the mark of a profession on a group more indelibly than adoption of a school system. Standards, procedures, criteria, classes, curricula, these are not for the education of scientists but for the education of members of a profession.

This difference is perhaps best seen in methods of selection. The only method, in the early days, was self-selection, and about the only qualification was a desire to be an analyst. Referring to this golden period, Knight (1953) says:

In the 1920's and early 1930's those who undertook psychoanalytic training were of a somewhat different breed from the current crop of candidates . . . many gifted individuals with definite neuroses or character disorders were trained. . . . Many of these have become our best teachers, theoreticians, and clinicians (p. 218).

And he adds, perhaps very significantly:

Some have been problem children in the institutes and in the Association and have caused raised eyebrows in the general public . . . (p. 218).

If this informal method produced, as it seemed to, so many of "our best teachers, theoreticians, and clinicians", why did self-selection end? Was it killed by the introduction of formal selection procedures? Or were both a sign of the move that had already begun, the move toward becoming a "profession"? Remember what Knight said: "Some have been problem children . . . and have caused raised eyebrows in the general public . . ." Is it not likely that these "raised eyebrows" represented the public's specific demand for stability and reliability that attends profession-status? Is it not likely, then, that even if self-selection had continued, it would have begun attracting profession-bound applicants?

There seems little doubt, however, that formal

evaluation procedures speeded this development along. According to some observers, no matter how cleverly admissions procedures are designed to the contrary, their exacting, formidable nature attracts "normal characters" who can adapt to them easily, and repels "creative characters" who, responding more to inner requirements, cannot so readily run the gauntlet.

Another development having a great impact upon the course of analysis is its merger with medicine, a merger which in the United States became the official policy of the American Psychoanalytic Association in 1938 (Knight, 1953, p. 214). Speculation as to why this merger occurred has been going on for years. Several reasons, some of them considered by Freud (1926), are commonly given. One is that in those areas of the world where the government requires all treaters of illness to be medical doctors, analysts, as a matter of law, must be doctors. But is this really true? In the United States, for instance, where analysis is thoroughly medical, there are few effectual laws against non-medical health practitioners. Almost anyone can set himself up as a "counsellor", or even as a "psychoanalyst", and very likely get away with it. So the law, by itself, does not really seem to be such an impressive factor in the merger.

Another reason analysts should be doctors, some believe, is to enable them to watch out for organic disease. Freud, agreeing that this safeguard is essential, points out, however, that the medical analyst, because of his involvement with the patient's neurosis, may be no more aware than the lay analyst of intercurrent medical disease. So this reason, too, seems unimpressive.

Yet, by those unwilling to regard the merger as accidental, another less commonly thought-of reason might be offered. This reason begins with the fact that analysis, although championed from the first as a method of investigation, has always involved the care of patients. Did this responsibility, then, play a part in turning analysts toward medicine and toward the age-old tradition of patient care that only medicine has?

Caring for human life is a very special responsibility, one not easily come by. Knowledge and skill alone are not enough. While otherwise busy picking up didactic and technical knowledge, the medical student also absorbs and develops a special feeling about health and disease, a special knack and tact, a sixth sense, that adds up somehow to his "becoming a

doctor". A medical student does not learn this and cannot be taught it, he "becomes" it. Some medical students never make it. Some stand first in their class and yet do not "become doctors". Luckily those who do not make it, usually give up caring for patients. Some become consultants, teachers or administrators and may be superb in these fields. Significantly, some go into research and become outstanding investigators. Conversely, it is not uncommon that "good doctors", in the sense of over-all patient care, are not the best scientists.

The parallel with analysis is rather obvious. Medicine, like analysis, has the problem of knowing what it is selecting applicants for, whether for patient care or for the advancement of science. Because of this dualism, most medical schools now select for both purposes and have few illusions that they can train all-round doctor-scientists.

Perhaps analytic institutions, too, may some day shed their illusions about training all-round doctor analysts. But first they may have to acknowledge the implacable move of psychoanalysis toward becoming a profession, and to accept the idea of openly selecting and training analysts whose prime competency will be practical patient care, not analysis. And to acknowledge, too, that, for conducting this special therapy-oriented "analysis", medical analysts, with their ingrained sense of patient care, may have a distinct advantage over non-medical analysts who have to acquire this special sense more or less on their own. Although these acknowledgements are almost impossible for many analysts to make, if they could be made and if, as a result, provision could openly be made for patient care, the all-purpose illusion of the analyst might disappear.

Hopefully, with this illusion out of the way, the scientific side of analysis, with its specific needs, would gain a distinctness it has not had in a long while. The Institutes might then be able to take a closer look at the kind of candidates needed to ensure the continued heuristic use of the analytic process and the continued scientific development of the process itself. They might then be able to open their scientific doors primarily to applicants who show talent and creative promise, regardless of who they are, where they come from, what their education has been, or whether they will be "good doctors". And Institutes might then be encouraged to go all out to help these creative people become masters of the analytic process.

And might do this without diverting their training into "science" or "research" or "theory" or anything else, realizing that if talented persons are really reached by their own analysis and are really helped to master the analytic process, they will know what to do with it to advance knowledge.

The development of ego psychology must have been, and perhaps still is, another major influence moving analysis toward a professional position. The influence easiest to recognize is its use—or, properly, misuse—as a separate psychology. In this sense, as a separate psychological system, ego psychology is an almost ideal foundation for a practical professional therapy. Merely by substituting certain useful principles of ego psychology for certain troublesome principles of analytic psychology, "analysis" can reduce its discursive involvement with drives, transference neurosis and by-gone problems, and concentrate its involvement on one limited and practical goal. This one goal is the resolution of immediately pressing problems, a resolution brought about by a reasonable, intellectually satisfying, dynamic, cause-and-effect assessment of ego functions.

In some hands this mind-stretching therapy is useful, but because it does not touch aetiological issues, it cannot be mind-expanding, and, when improperly persisted in, with difficult problems, it nearly always leads to a prolonged battle of words and then to a charge of unanalysability.

Nevertheless, in spite of its limitations, this practical, sensible process has much appeal and may be exactly the kind of "analysis" that makes the professional practice of analysis possible. Moreover, applicants, even at the time they appear in front of admissions committees, may already have something like this kind of analysis in their mind as the kind they want to do.

Before leaving the matter of ego psychology's influence upon the professionalizing of psychoanalysis, it might be noted, as a gratuitous observation, that the question can be turned around and asked the opposite way: What did the move of analysis toward becoming a profession contribute to the development of ego psychology? Stated more precisely, this question, which is at least intriguing and may be important, would read: What special influence did the "normal characters", who were such a large part of the professionalizing group, have upon the development of ego psychology? Or,

still more precisely, how much of the development of ego psychology was derived from insights gained through attempts to analyse these "normal character" candidates? As many observers have pointed out, candidates, particularly "normal character" candidates, are strikingly different from the neurotic patients who until then had occupied the analyst's couch. Until this time patients were neurotic, and insights coming out of analysis were derived from these neurotic subjects. Now, analytic subjects changed. Along came these very strange "normal characters" who, instead of presenting their analysts with neurotic problems, presented them with severe and sometimes unanalysable character problems. And, as well, they had a very strange reason for wanting to be analysed. Instead of being driven into analysis by neurotic suffering, these new patients came because they were required to, because they had to have a "didactic" analysis as part of their education. These differences are very great, and it may be important to ask whether the unique and almost insurmountable problems these normal characters presented, through analytic attempts to solve them, may have provided many of the clinical insights that became a basis for the development of ego psychology.

To this day, as everyone knows, analyzing candidates presents many unique and puzzling problems. Some analysts, shrugging fatalistically, accept these problems as necessary artifacts that must be lived with for ever. Others take a different view. They see these problems, not as permanent obstacles to be either adapted to or circumvented, but as tough, stimulating problems to be solved by analysis. If this can be done, if these problems can be analysed, more will be gained than merely solving these particular problems. Through solving them, new, previously unknown dimensions of the analytic process may develop, dimensions which may usher in the next great generation of analytic discoveries.

The development of analysis as a profession was given another push forward by the Second World War. Among other effects, the war brought into prominence the concept of the part-time analyst, a concept arising almost directly from analysts' experience in military service. Analysts who might otherwise never have done so, moved out from behind their couches and discovered the general usefulness of actively applied analytic principles. Experiencing this

analytic "usefulness" was a heady experience, so heady, it seems, that, after experiencing it, some analysts were never the same again. Some never quite got over their new-found delight at being active, at dealing practically and directly with problems, at being immediately helpful, at being real doctor-analysts. For many, however, the most startling discovery was how very difficult and demanding analysing had been for them. By contrasting their new life with their old, they realized how lonely, restrictive and unnatural their full-time analyst's life now seemed. As a result, not a few decided never to return to being full-time analysts. Thus began in earnest the concept of the part-time analyst, the analyst who analyses part of the day and does something else for part or even for most of the day. This part-time concept spread rapidly, until soon almost all analysts found that spending part of the day doing something else added importantly to their lives.

There are many different reasons, of course, why "doing something else" is helpful. For some analysts it is to enrich their analytic work. For others, it is to get away from analysis, either because of lack of talent or because of neurotic interference with the use of talent. But in some cases the reason, very simply, is that the life of an analyst is not pleasing.

This question of suitability for an analyst's life seems rarely considered by admissions committees. These committees appear to believe that if an applicant has talent, and if he is then thoroughly analysed and educated, he will not only have the desire, the vigour and the determination to analyse, but will take pleasure in doing it as well. Is this not a rather far-fetched supposition? Is it really reasonable to subsume the practical life requirements of being an analyst under the heading of talent? Is it not true that the presence of talent, and the presence of personal characteristics necessary to put this talent into effect, do not always coincide? Are there not, for instance, many people with musical talent who cannot endure the rigours either of practising or of performing? May there, then, not be analytically talented people who cannot endure spending all of their life behind a couch?

The Second World War, of course, did more to analysis than simply establish the concept of the part-time analyst. Among other things, it created a postwar boom in psychoanalytic education. This boom was important to applicant evaluation not only because it gave

momentum to professional-analytic therapy but because it added new reasons for seeking analytic training. After the war was over, young medical officers rushed in great numbers from the various military services into the psycho-analytic Institutes. Most of these applicants, understandably, had little idea of what an analyst actually did as an analyst. Instead, they saw him as a kind of super-psychiatrist. And why not? They had seen him in action, displaying both an understanding and a technical skill they never knew existed. It seems natural, therefore, that, in applying to the Institutes, they were seeking, not to become analysts, but to become super-psychiatrists. And many of them did. A whole generation of Institute graduates had, among them, large numbers of brilliant, superbly trained analytic psychiatrists. They had entered the Institutes with this goal in mind, and this is what they became. Although officially they were analysts, their forte was this super form of psychiatry.

Along with wartime analysts who had given up full-time analysis, it was mainly this group that formed the rather large and impressive reservoir of outstanding analyst-psychiatrist-educators soon to be in such great demand. It was members of this group who in a very few years did so very much to lead psychiatry toward its tremendous postwar growth and expansion. It was they who brought psycho-analysis into psychiatry, and who changed so radically the psychiatric teaching in medical schools. It was they who were largely responsible for the burgeoning of psychiatric residency training programmes and who made these programmes analytic.

With what sometimes seemed a matchmaker's zeal, they introduced analysis to psychiatry, and psychiatry to analysis, and almost brought about a happy marriage. These were lively years. During them, the medical schools and the psychiatric hospitals became the centre of analytic excitement, and to many analysts this was analysis. This was where the action was. This was where analysts wanted to be and what they wanted to be doing. This was where the candidates came from, and this was where they wanted to stay, right here in this new exciting field of dynamic psychiatry.

Because analysts had contributed so much to these psychiatric developments, it was inevitable that "being an analyst" soon came to be a major qualification for appointment to medical school staffs. As a consequence, another new

reason for applying to psychoanalytic Institutes appeared: to become a teacher in a medical school. Perhaps because many Institute faculty members themselves held such appointments and were excited by them, no one for a long time seemed to question the soundness of this reason for applying. For many years this reason was cheerfully accepted, in some instances even when it was known that the applicant had no wish and no ability to become an analysing analyst. During those years it seemed important for the future of analysis to get "analysts" into important teaching and administrative positions, with apparently very little regard for the idea that analysis can be effectively represented only by analysts who are dedicated to the analytic process and who are skilled in it.

These examples, of applicants whose reason for applying was something other than to become analysts, suggest that the Institutes might find it worthwhile to ask themselves repeatedly, "What is this applicant's real reason for applying?"

Another example of this kind is the applicant whose reason for applying is to get personal help. Many applicants, of course, combine the two reasons, training and personal help. This is no secret. But this is not what is meant. Rather, what is meant is the application for analytic training which, without the applicant's being aware of it, is solely an application for a therapeutic analysis.

These applicants are not easily detected. Perhaps this is because admissions committees find it almost impossible to believe anyone would not want to be an analyst. And, in a sense, there is support for this belief. Candidates, once started, rarely back out of training of their own accord. Even the most unsuited may struggle for years, fighting a painful, uphill and expensive battle, displaying a tenacious determination to graduate that is hard to match in any other field. So, what else is there to believe than that every applicant wants to become an analyst? Yet, what do many analysts do after they graduate? They get away from analysis as far as they can and as fast as they can. This outcome, whatever else it means, suggests that some analysts never did want to become analysts, a finding that might be worth discovering early. Generally it is not discovered at all, even during analysis. Why not, is a mystery. Perhaps, once training begins, a candidate's investment in it becomes so great, and the analyst's investment in him as a candidate

becomes so great, that analysis of his real reason for being there is no longer possible. Surely, without such an explanation, at least some of these candidates, with their motives analysed and their real life-interest discovered, would quit analytic training and set out to find this other life.

Whatever the case, it seems likely that not a few applicants come to the Institutes for reasons other than to become analysts. The reason may be to become a super-psychiatrist, a professional therapist, a theoretician, a professor, or to get personal help. Whatever it is, this other reason will likely be related in some way to events and changes that are going on in and around analysis at the time.

What is going on currently is not clear. The war's direct influence is over, and the postwar boom in psychoanalytic education has faded out. The exciting courtship of analysis and psychiatry, some believe, is also fading out. What will happen next, no one knows, and probably will not know until it is well upon us.

One thing happening is that medicine is changing, and psychiatry is changing, and society is changing. And these changes are not minor. One change in both medicine and psychiatry is that the individual patient seems to be losing out. In psychiatry, individual psychotherapy seems to be under attack, and popularity is turning not only to drug therapy but to group methods and to social and community action. There is no telling at this stage how analysis will react to these changes. But it is tempting to guess. Some analysts guess, and perhaps hope, that professional analytic practice will follow suit, that analysts will become more and more involved in using their special way of thinking to help meet broad community needs and to bring about political and social change. Others guess and hope that something different will happen, that analysis will now break its psychiatric ties and thereby strengthen and consolidate its position, not only as a definitive individual therapy, but as a continuing scientific method of exploration and discovery. Which ever way it goes, applicants for analytic training will have new reasons for applying, reasons that the evaluators might well wonder about and take into account.

Methods

In moving on to a consideration of methods, the question "What is the applicant being

selected for?" remains of central importance. The aims of selection, it seems reasonable to believe, can be achieved only by using the kind of methods that can carry out those aims. Some methods, no matter how conscientiously applied, may not be able to carry out certain aims. This seems particularly likely in the case of methods emphasizing objective measurements and technical procedures. Such methods, however devised, seem suited primarily for detecting applicants who will fit in as members of an eclectic analytic-therapeutic profession. They have only a limited value, and some think a negative value, for detecting special analytic talent. In order to achieve this latter aim, other methods would seem to be required, methods relying solely on analytic evaluation and analytic reasoning. And, because finding applicants who can do definitive analytic work is the greater problem and the greater need, it is on this area of evaluation that my presentation about methods will focus.

Most of what seems important to say about methods is concerned with interviewing, for, despite efforts to develop better methods, nearly all training institutions still pin their faith on the personal interview. Somehow this seems reassuring. Other methods, and there are a few, have a precursory function or they are ancillary to the interview.

The first "methodical" step in almost all evaluations is the application form. Although these forms vary, the main variation seems to be a matter of how many questions are asked. Always asked are a number of identifying vital statistics: date and place of birth, citizenship, male or female, married or single, height, weight, and health, and very often a photograph is requested. Another group of questions has to do with education, particularly professional education, which in the United States means medical school, internship, and psychiatric residency training. As part of the application form, or perhaps separately, some Institutes ask for an autobiographical sketch.

The application form, although in itself rather lifeless, does start the wheels moving. The next succeeding move is to gather letters from the medical school, the hospitals where the applicant has worked, and sometimes from individual faculty members. Medical school and hospital letters, often of little value, nevertheless do attest to the applicant's presence there and perhaps to his intelligence, industry, integrity,

and academic success. Faculty letters, especially from psychiatric and psychoanalytic supervisors of the applicant's psychotherapeutic work, may be more helpful to the admissions committee. Many committees, however, aware that psychotherapeutic skill and analytic talent are quite different, view even these letters with some skepticism. And they view with still more skepticism the usual last sentence of the letters, the one that commonly reads, "In my opinion, Dr So-and-So will make a very good analyst." Even when this explicit recommendation is written by an applicant's analyst, it is rarely taken at face value. Committees have learned that an analyst is often unrealistic in evaluating one of his own patients, as perhaps should be expected if he is deeply engaged in that patient's analysis (Console, 1963, p. 4). Another observation is that analysts seem to be increasingly reluctant to write letters or to say anything at all about their analysands.

In summary, it can be said that letters of recommendation, although essential and although sketching out, through their content, a shadowy outline of the applicant, do not carry the admissions committee very far along in its evaluation.

A once common and now seldom employed evaluation method is the psychological test. Such tests, when now employed, seem mainly used in the case of questionable applicants to help detect hidden but suspected pathology. They seem little used, if at all, for the purpose of revealing potential analytic talent.

Another evaluation method is analysis itself. In the ultimate sense, analysis is the only sure-fire way of evaluating analysability, and, to a limited extent, analytic talent as well. Perhaps with this in mind, some Institutes formally require a pre-acceptance period of analysis. In these Institutes, if an applicant's evaluation is favourable, the applicant begins a personal analysis. Then, a year or so later, on the basis of further interviews and perhaps a report from his analyst, a final evaluation is made. Other Institutes, while not having a formal arrangement of this kind, do very much the same thing informally, deferring doubtful applicants with the advice to begin a personal analysis and to re-apply later. Some Institutes find this deferring arrangement helpful, while others find that an "on-trial" analysis is seriously handicapped.

Sooner or later in the evaluation process, regardless of what has gone on before, every applicant comes up against the real test. He

meets a living analyst face to face, mind to mind, in a closed-door, this-is-it encounter. This is what he has been waiting for, and this is what the analyst has been waiting for. All the rest is prologue. Now the applicant sits before the analyst, his mind as open as he dares, and the analyst, as much as he is able, tries to find out how this mind works. Then, from what he discovers, he tries to decide whether this is the mind of a future analyst.

But this is not all. In addition, as is sometimes forgotten, the applicant, watching every move, uses the interview to find out what an analyst is like. Keeping this in mind, some interviewing analysts think it worth while to pay attention to their prototypical role.

The main thing about interviews, however, is to find out about the applicant. This is what interviews are for, and it is what goes on in these interviews that brings the applicant into analysis or keeps him out.

What does go on in interviews varies from Institute to Institute. And some of the variations are rather astonishing. Perhaps the most conspicuous difference is between group and individual interviews.

A group interview can be very simple or very complex. In its simplest form, an applicant meets with a group of three or four analysts for a single hour-long session. This is all there is to it, painful perhaps, but quick. Besides quickness, another advantage is that all interviewers hear the same things. They may not hear them the same way, but when they come to discuss the applicant later on, they all know what it is they are talking about. Another advantage is that members of the group are able to observe how the applicant conducts himself with other members of the panel. The principal objection to the group idea is the abnormal strain it places on the applicant. Another objection is that the group interviewer does not have a one-to-one contact to use as a basis for understanding the applicant's mental functioning.

The only complex group interviewing method in Institutes in the United States seems to be the one used by the Chicago Institute. This is a highly organized, research-oriented and carefully studied procedure, which also includes individual interviews.

Most Institutes, it seems certain, settle for the individual approach, the one-to-one encounter, of which there are countless variations. Some approaches vary in the makeup of the interviewing team, some in style and concept,

and some in seemingly endless idiosyncrasies introduced by each interviewer.

In what is perhaps the most common arrangement, the applicant meets once with each of several assigned interviewing analysts. Under a slight variation, the applicant meets more than once with some of the interviewers, in the Institute's belief that he may present himself differently a second time.

Arranging the makeup of the team has many possibilities. Sometimes it is as indifferent and as chancy as drawing names out of a hat. Anyone handy and willing will do. And if only a few are willing, those few do all the interviewing. In most Institutes, however, making up the team is more like making a cake—a little of this, a little of that, and a little of something else. Care may be taken, for instance, to include both men and women. Added also may be an experienced psychiatrist, not an analyst, in order to bring to the team his skill at detecting certain forms of psychopathology. Younger analysts, not yet training analysts, may be added, perhaps because of a shortage of help or perhaps to give the educational committee an opportunity to see them at work and to study their potential as training analysts. Also added may be interviewers having the same cultural, educational or national background as the applicant. Care may even be taken to include interviewers with different points of view about analysis, or about evaluation. Or if one member of the team is an aggressive interviewer, another, more gentle, may be added. The possibility of making up these special teams depends not only upon the thoughtfulness and beliefs of the chairman of the admissions committee, but also upon the number of training analysts he has to choose from. In small Institutes there may be no choice.

As for the concepts guiding the interview and the way analysts use the interview, there are wide differences amounting at times to discrepancies. Although most of these differences are personal, some represent the point of view of particular Institutes.

One style, more common in some Institutes than others, consists in the evaluation interview becoming a psychiatric consultation. The interviewing analyst, it seems, reverts to his psychiatric position, goes through a formal psychiatric routine, and ends with a psychiatric diagnosis. In some hands, this seemingly dried-out question-and-answer method, often quite Kraepelinian, produces the most surprising

results. From what seems to be psychiatric data, come highly perceptive analytic comments about the applicant's suitability.

A contrasting style is casual and non-directive. Using this style, the analyst may engage in a general conversation with the applicant, or he may sit quietly, or he may do something else. But, characteristic of this style, the course of the interview is directed by whatever the applicant brings to it. Some of these seemingly indifferent interviews are, in fact, indifferent. Others, however, are stimulating and responsive interchanges, which, not being directed by the analyst, allow the inner directedness of the applicant's thinking to come through with great clarity. The resulting sample of the applicant's mind in action is often so revealing that interviewers who are accustomed to this particular style can come up with extremely impressive ideas about the applicant's promise as an analyst.

A quite different style of interview is one that is like a probe sticking itself into the private life and secrets of the applicant. It is an active data-finding style, aimed at digging up significant but hidden material. Those who use this style often end up with a remarkably thorough analytic picture of the applicant's neurosis, out of which they then formulate most astute opinions about his analysability and his potential talent as an analyst.

Still another style, also active and probing, is more of a prod than a probe. In it the active pursuit of secrets is directed not so much at the nature of the secrets as at why the applicant keeps them, and where and how he keeps them, and how he reacts when he gets prodded about them. And about other things too. The prodding which characterizes this style, and which is sometimes "stressful", often brings out clearly the best and the worst of the applicant's ego-functions and allows the interviewer to make amazingly sharp formulations about the applicant's ego and about its potential for analytic work.

In addition to these and other general styles, there are countless variations in individual styles. Not a few are so uniquely different that they make sense only to the user. Some analysts have peculiar ways of going about the interview, while others have their own peculiar questions to ask the applicant.

With so many differences, both general and individual, one wonders whether interviews have any reliability at all. They certainly have no standard design, and just as certainly no standard

criteria. And the findings are rarely given an objective appraisal. Altogether the whole thing, from start to finish, seems like an amateur proposition, subjective, individual, catch-as-catch-can and untouched by any scientific hand. According to this way of looking at interviews, it is easy to suggest how to make them better. The first step would be to develop and to use an agreed-upon set of "good analyst" criteria. The second would be to train interviewers to be objective data gatherers. The third would be to subject the gathered data to scientific scrutiny. Some analysts, reasonably convinced that interviewing should and could be improved along these lines, are actively working at it.

There are other analysts, however, who see things rather differently. Some, for instance, have a sense of uneasy ambiguity about the word "scientific" being used in this context. They feel that if by "scientific" is meant the nature of analysis, well and good, but that if it means some other science, that is quite another matter. Long experience has fairly well demonstrated to many analysts that no other science can make analytic determinations. Non-analytic scientific methods they believe are counterproductive in making analytic determinations, but only when used by analysts and not scientists. An example of this would be the direct observation of children, which, although not a determination made by analysts, cannot now be done if it is done by an analyst, *evermore*. It is not scientific, however, just because it is done by an analyst. Nor is anything else said to not because it is done by an analyst, even the evaluation of applicants. This also if it has nothing, leads to the question whether science but analysts should be involved in evaluating applicants. And to the question whether science should carry anything but this counter way of thinking in evaluating applicants.

If it is agreed that evaluation should be an exercise in pursuing the purpose of the interview, however a wide choice. It is in being analyzed and applied together as a significant remainder that leads a scientist not here to a counting of the results, a counting that allows the scientist to apply his little analysis within to the normal workings of the applicant.

Considering the purpose, the ideal structure and style of an interview may also be chosen. Structure and style would both seem to be shaped by whatever form they give the individual interviewing analyst had. Perhaps, therefore, the

particularities of an interview are of somewhat little inherent consequence. Perhaps it had it is unimportant whether an interview is long or short about eye structure or about genetic structure, whether he asks about career, marriage, or habits, or childhood or his life or whatever. Perhaps none of these is essential except as an external matter in doing the analysis access to the applicant. But it must be so, or partly so. Surely this structure explains how interviewing is a *very* good thing with every analyst having his own way to own set of questions and his own power over assessing his findings, can nevertheless also produce remarkably pervasive functioning about an applicant's analysis potential. This may amount to it that each analyst has his own "royal road" to the applicant's thinking.

Does this mean that the interview is a one route in procedure at least, or that it has all? Not that there are no bad interviews. There must be many, and they are not always easy to detect. How, for instance, can a little good interview be differentiated from one that is not apparently careless? Where does good style end and useless structure begin? What does helpful saying in providing end and beginning of such a begin? It will seem to be in these areas that the education of interviewers and the working of their spirit might be very much worth work. As interviewers, we all need help and training to find we need it not a gathering and a knowing what to gather. But we need help, support, and encouragement in finding an analytic thinking for use in the interview, but in making it available and then in being a learning to rely on it rather than on the interview.

In particular, many analysts find it hard to help in another area of interviewing. This is done working, the coming to a use of it. There is raised the idea of question of what the interviewers is to go by. As a question of purpose suggestion, would it be a *very* wrong if when he used to *very* use it to himself? How can this question be raised? Every to say, what else is there or what else should there be? In one way to consider the interviewers and his colleagues to *very* use it to the model. And other programs with and without. For future or for work the interviewers has to compare the applicant with himself.

How to do this, how to use this *very* use

what all his reasons are, and the ones he does give may not necessarily be the most important. Accordingly, in admissions committee discussions, opinions may not always be logical and may even seem illogical and inappropriate. But, so long as analysts rely on their analytic thinking, an analytic decision is likely to be made.

With the applicant finally having been decided upon, the evaluation procedure is at an end and there is nothing more to do. The die is cast.

Except perhaps to pose one final question:

If it is reasonable to suppose that analysis, in its investigative, knowledge-expanding sense, can survive only if enough applicants are chosen who will turn out to be

capable of conducting definitive psychoanalysis of patients and of deriving psycho-analytic data from their work (Gitelson, 1948),

is it not just as reasonable to suppose that if such applicants are to be reliably chosen, their selection must be in the hands of analysts who themselves are capable of doing just that?

REFERENCES

- BIRD, B. (1962). "On the selection of psycho-analytic candidates." Report on a meeting of Institute representatives and COPE's Subcommittee on Selection, Toronto. (*Amer. Psychoanal. Assoc. Mimeograph.*)
- CONSOLE, W. (1963). "A study of one hundred consecutive applications." Report to American Psychoanalytic Association, 1963. (*Amer. Psychoanal. Assoc. Mimeograph.*)
- EISENDORFER, A. (1959). "The selection of candidates applying for psychoanalytic training." *Psychoanal. Quart.*, 28.
- FREUD, S. (1926). *The Question of Lay Analysis*. S.E., 20.
- GITELSON, M. (1948). "Problems of psychoanalytic training." *Psychoanal. Quart.*, 17.
- GREENACRE, P. (1961). "A critical digest of the literature on selection of candidates for psycho-analytic training." *Psychoanal. Quart.*, 30.
- JONES, E. (1920). Editorial. *Int. J. Psycho-Anal.*, 1.
- KNIGHT, R. P. (1953). "The present status of organized psychoanalysis in the United States." *J. Amer. Psychoanal. Assoc.*, 1.
- VAN DER LEEUW, P. J. (1962). Contribution to Symposium: "Selection criteria for the training of psycho-analytic students." *Int. J. Psycho-Anal.* 43.
- LEWIN, B. D. and ROSS, H. (1960). *Psychoanalytic Education in the United States*. (New York: Norton).
- WAELDER, R. (1962). Contribution to Symposium: "Selection criteria for the training of psycho-analytic students." *Int. J. Psycho-Anal.* 43.

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THE EVALUATION OF APPLICANTS FOR PSYCHOANALYTIC TRAINING¹

THE GOALS OF PSYCHOANALYTIC EDUCATION AND THE CRITERIA FOR THE EVALUATION OF APPLICANTS

PAULA HEIMANN, LONDON

Introduction

When I was pondering about Dr Kohut's invitation to prepare this paper, my task appeared to me in three images: if the paper was to facilitate and stimulate discussion, it should have the characters of a *basis* and a *framework* and a *backcloth*. As a *basis*, the paper would provide a solid communication with the work already done on these problems and so secure coherence with the past; as a *framework*, it would protect discussion from spilling over the necessary boundaries—a risk with which we are all familiar since we have been trained to free association. The image of the *backcloth* is taken from the theatre, the “boards that represent the world”, and what it expresses is the opposite of the former concept of boundary. The backcloth on the stage suggests the continuation of the events depicted in the foreground, a continuation that extends far beyond our actual range of vision and ends in the infinite. In other words, I saw the functions of this paper as starting off with information about the already existing views and definitions of the goals of psychoanalytic education and the correlated criteria for evaluation—hence the bibliography which Kohut added to his letters before the Pre-Congress. Such information should be factually correct, well-ordered, systematic, and integrative. We have a model of such information in Greenacre's admirable Digest (1961). Unfortunately, to follow this model is beyond my abilities, and I shall make no attempt to present a critical digest of the relevant literature since 1961. Instead I shall discuss some works related to our topic and select certain concepts that I find important or that formed the starting point for significant developments, or that recur frequently without having found the necessary critical reappraisal. Obviously my choice has been determined by subjective factors, and other Members of this

Pre-Congress will have made a different choice; but that is hardly a disadvantage.

On the one hand, then, my comments on the preceding works will be incomplete and will not make full use of the offers made in Kohut's bibliography. On the other hand, when preparing this paper I found myself unexpectedly, but forcibly, propelled into a different direction, which made me turn to other works in our literature.

Some Comments on the Bibliography

The papers of the bibliography can be divided broadly into three categories:

(i) Several works are surveys: of the relevant literature (Greenacre, 1961); of the problems and procedures of psychoanalytic institutes in the United States (Lewin and Ross, 1960); of reports of discussions (Bird, 1962; Console, 1963); of systematic investigations in selection (Holt and Luborsky, 1955, 1958; Fox *et al.*, 1964).

(ii) Papers which present definitions or part-definitions of the goals and criteria, based on the very concrete and direct experiences of the training analyst in his various functions as interviewer of applicants, member of a training committee in which such interviews are discussed, analyst and supervisor of students, teacher in the curriculum. In these papers the authors proceed from an empirical point of view. However different the titles of these papers, to which belong also the contributions to the two Symposia at International Psycho-Analytical Congresses (“Problems of Psycho-Analytic Training,” 1953, and “Selection Criteria for the Training of Psycho-Analytic Students”, 1961) they could well have adopted Sach's title: “Observations of a Training Analyst” (Sachs, 1947; Gitelson, 1948; Heimann, 1954; Balint, 1954; Bibring, 1954; Gitelson, 1954; Lampl-de Groot, 1954; Langer, 1962; Waelder, 1962).

¹ Presented to the 2nd Pre-Congress Conference on Training, Copenhagen, July 1967.

(iii) Studies which approached the problem from a theoretical, systematic point of view (Fliess, 1942; Fleming, 1961).

It is obvious that whoever is concerned with the problem of psychoanalytic training is inevitably concerned with the future of psychoanalysis, whether or not the author mentions this explicitly. Two works in the bibliography occupy a special place with regard to the considerations of the future of psychoanalysis: one is a weighty volume, the other a thin little paper of barely nine pages—I am referring to Eissler's book, *Medical Orthodoxy and the Future of Psychoanalysis* (1965) and to Anna Freud's paper, "Some thoughts about the place of psychoanalytic theory in the training of psychiatrists" (1966). Eissler's book pursues the problem of the future of psychoanalysis in a most erudite, multidimensional, and thorough manner. I shall not be expected to present an appropriate review of this book, which I have deliberately called "weighty", in more senses than one. Following the development of Freud's own conception of psychoanalysis, between 1913 and 1923, Eissler quotes the triad of meanings of the term "psychoanalysis", at which Freud had arrived in 1923:

- (1) "a procedure for the investigation of mental processes";
- (2) "a method . . . for the treatment of neurotic disorder";
- (3) "a collection of psychological information leading toward a new scientific discipline (Freud, 1923b, p. 235)".

On account of this triadic concept of psychoanalysis a variety of applications are possible and have indeed come into being, but workers in a variety of disciplines are needed in order to further psychoanalysis and secure its future as a "system psychology". Amongst these workers people trained and experienced in the anthropic sciences are particularly promising. Psychoanalysis should not be confined to psychiatrists. Therapy is only one of the applications. Anna Freud, on the other hand, turns to psychiatry and shows how the psychiatric trainee gains in his understanding of his patients by learning psychoanalytic metapsychology. That psychiatrists want the help of psychoanalysts, that psychiatric hospitals employ analysts for teaching and supervision, is not new; but, so far as I know, the presentation of the psychiatrist's need to learn,

not isolated aspects of psychoanalysis, useful for some *ad hoc* therapeutic procedure, but to learn the whole "language of psychoanalysis" is unprecedented.

A study of the bibliography shows that there is a considerable overlap between the different papers dealing with the problem under discussion, albeit under different names, and as I said earlier, a number of contributions could have taken the title of Sachs's paper (published posthumously in 1947): "Observations of a Training Analyst." Three works proceed from a different angle: Fliess (1942), Holt and Luborsky (1955, 1958), and Fleming (1961). Fleming expresses her discontent with the "impressionistic 'sizing up' so often used as the basis for accepting or rejecting an applicant". In her article, "What analytic work requires of an analyst: a job analysis", she attempts to analyse the work process. I wish she had not used the subtitle; not only because a procedure that may be of value in business cannot be transplanted without further ado into the intricate texture² of the science and profession of psychoanalysis, but also because of the omission to follow up the obvious allusions to anality. I have elsewhere attempted to show that the decisive clash between primitive narcissism and object-relatedness occurs during the anal stage and that in this phase of development anal work patterns are laid down which make their contributions to all later creative ego-activities. To pursue the contributions from anality to the analytic work would be a worth-while task.

I am selecting for further discussion one notion of the analyst's work that Fliess introduced and Fleming, with slight modification, accepts. It is the notion that the analyst, when listening with his freely hovering attention is in a state of daydreaming. Fliess calls it "conditioned" daydreaming to distinguish it from spontaneous daydreaming, in which "the stimuli come largely from within" whereas the analyst's daydreaming (within the psychoanalytic situation) is almost entirely stimulated from without, and by one particular source: "the patient's reactions". Fleming says "controlled daydreaming might be a better term". I remember in this connection that Bion speaks of "reverie" as the analyst's state or activity when listening to his patient. My view differs profoundly from the notion that the analyst's free-floating attention amounts to daydreaming, whether we call it

² I believe that in my reading I have encountered a criticism to this effect and I apologize for not being able to remember the author.

conditioned or controlled, or reverie. The dominant characteristic of the dream, day-dream or sleep-dream, is the dreamer's narcissism. He himself is the hero of the dream events. The hero in the analytic situation, the person for whose sake this situation has been created, is the patient, not the analyst. In his free associations the patient may wander away from his relationship with the analyst and from awareness of being in the psychoanalytic situation. He may go off in a daydream; he may actually fall asleep, but the analyst's freely hovering attention hovers around the patient, and he remains profoundly related to him. If his attention wanders off, if he falls asleep, or into a daydream, something has happened to interfere with his function. It may be that he has unconsciously introjected the patient and, therefore, in his identification, behaves like him, as in a dream. He may afterwards be able to recoup what he has lost in this way, similar to the possibility of learning from other types of error that he made. The analyst's relaxed condition when listening to his patient is yet combined with alertness, paradoxical though this sounds (cf. Greenson, 1966). Paradoxes, antinomies, dualism, pairs of opposites—these are phenomena which psychoanalysis discovered as characteristic for human psychology, and the ability to be aware of them, tolerate and use them creatively, represents one of the goals of psychoanalytic education. When, to use Freud's description, the analyst listens as a sensitive receiver of his patient's unconscious communications, be these unconsciously intended or be they unintentional clues, this is an active part of his cognitive work process.

A number of concepts recur frequently, indicating partly an area of common thought amongst the authors, partly the power of habit rather than critical reappraisal. One of these concepts is empathy. From Fliess (1942) onwards, empathy is described as a most important factor in the analyst's capacity for understanding his patient. Fliess states "mental health, psychiatric training, and psychopathological aptitude" as the "ingredients of the educational recipe" that held for the selection process twenty-five years ago. Whilst the first two factors have meanwhile, through closer examination, been deprived of their dominant position at the time of Fliess's paper, the third factor, psy-

chological aptitude, has maintained, albeit under varying names, a crucial position in psychoanalytic thinking. Acknowledging that "we expect nature and possibly infancy to do the better part of the work in creating (psychological aptitude)" Fliess proceeds to present the metapsychology of the psycho-analyst with the focus on this particular quality. It consists in the subject's putting himself in the object's place, stepping into his shoes, and so obtaining an inside knowledge of the object that is almost firsthand.³ The common name for such a procedure is empathy. In psychoanalytic nomenclature Fliess suggests calling it "trial identification". Correcting the popular description of identification, "stepping into another person's shoes", Fliess stresses that all takes place in the subject's mind, and analyses in detail the process of identification, suggesting four phases:

- (i) The analyst is the object of the patient's striving;
- (ii) The analyst identifies with this striving and thus becomes the patient;
- (iii) In this way he obtains inside knowledge of his patient;
- (iv) He now possesses material for a relevant interpretation.

Fliess stresses that the identification must be partial and temporary only and he points to the dangers specific to the various steps in the process of identification.

Another careful study of empathy has been presented by Greenson (1960). It is interesting that both Fliess and Greenson who allot to empathy a crucial function in the analyst's work arrive at significant operational concepts. Fliess develops the notion of a "work ego" that the analyst acquires and thanks to which the analyst achieves something that seems impossible "because it is actually impossible for the average person". I wish to underline the notion of limitation that comes through here, as it did earlier, when Fliess referred to the work nature and infancy have to do. I shall come back to this point later. Fliess connects this work ego with a special temporary displacement of cathexis between ego and superego, and presents a number of interesting suggestions which I cannot follow up. Greenson develops the concept of a "working model of the patient" that the analyst builds up within

³ In view of the great significance given to the concept of projective identification introduced by Melanie Klein in 1946, which meanwhile has assumed the status of an omnibus concept, it is noteworthy that Fliess anticipated this concept—and corrected it.

himself. As so often in psychoanalytic research, the normal process comes to be recognized after observation and analysis of its pathological version. Thus, Greenson presents the formation of a "working model of the patient" as a phenomenon that occurs naturally in the analyst's contact with his patient, after giving an instance of failure in his empathy. Puzzled, he scrutinized his working model and carried out certain manipulations with it:

The events, words, and actions the patient described were now permitted to permeate the working model. The model reacted with feelings, ideas, memories, associations, etc.

As a result, the failure in his empathy was removed.

This anthropomorphic description of the model as an active agency may be merely a stylistic device to bring home the significance of this part of the analyst's working process; yet, it lends a rather magical quality to the concept of empathy. I hasten to add that I am far from underrating Greenson's ability for sharp intellectual, un-magical clarity.

I have mentioned earlier that empathy occurs in the literature with a high positive valuation. I wish to add now that there is one dissenting voice; this is Waelder's (1962). Defining empathy

a particularly high ability to see, to sense, or to guess, on the basis of infinitesimal clues, what is going on in another person—a kind of immediate insight into the unconscious of others.

Waelder describes it as a rather dangerous quality. It may be of advantage initially, and on account of such quick results empathy is more useful for a practitioner of short psychotherapies than for an analyst. Waelder says that whilst it is always impressive, it is not always correct, and

those favoured by the gods with this gift are sometimes slow in revising their early views where necessary.

I very much agree with Waelder's warnings which, I think, paraphrase the tendency towards omnipotence in an analyst who is capable of such quick insight into the unconscious of another person.

Empathy and intuition will be of benefit for the patient only if these qualities are checked by a particularly high degree of self-criticism on the

part of the analyst and awareness of how easily his quick perceptions may lead to cruel interpretations.

Greenson has also described negative forms and vicissitudes of empathy, which "lead not to understanding but to a countertransference reaction". It is obvious that Greenson uses the concept of countertransference as synonymous with transference by the analyst onto his patient, as do indeed many analysts. I have elsewhere given my reasons for distinguishing countertransference from transference on the part of the analyst. The incident of failing to understand his patient, which Greenson used to present his concept of the working model of his patient, is, in my conceptual framework, a disturbance in the countertransference; and the countertransference, in contrast to transference, serves as an instrument of research into the patient's unconscious processes. Elasticity in the analyst's mental position *vis-à-vis* his patient, his moving between positions of involvement and detachment, between observing and participating, which Greenson so well describes, are, in my view, not so much a matter of empathy, but of countertransference. When, for stretches, the analyst acts without difficulty as the sensitive receiver of his patient's unconscious communications, or when he presents valid interpretations, his countertransference functions smoothly, and he is hardly aware of it. But he does become aware of it when there has been a failure in its functioning. Whilst Fliess replaces empathy as a term of ordinary language with the metapsychological term "trial identification", I wish to replace it to some degree with the specific psychoanalytic concept of countertransference.

I shall later return to the problem of semantic difficulties between psychoanalysts. In the present connection I wish to reduce the importance attached to identification, if it is treated as the only or the main instrument for understanding another person. Identification means a change in the subject's ego which is brought about through the introjection of the object's ego—Fliess emphasizes that this should happen only partially and temporarily—but, in my view, so far as it happens, it does not lead to an understanding of the patient, unless it is *at once* combined with a number of other processes. If I become like my patient then there are two of the same kind in the room. (Gitelson reported an amusing and telling experience when the supervising analyst pointed out that his identification with his frightened patient could not be helpful.) I am perhaps more

critical of the dangers of introjection, just because I believed for a time that introjection and projection were the only valid mechanisms in object relationships. I also wish to draw attention to a frequent confusion between introjection as a mechanism, which leads to structural changes, and the perception of intrapsychic processes, such as thinking, feeling, imagining, etc. The term cognition, according to Holt (1964) has acquired a considerable broadening in its recent renaissance so that it comprises

perception, judging, forming concepts, learning (especially that of a meaningful, verbal kind), imagining, fantasizing, imaging, creating, and solving problems.

Each of these events represents a psychic event, and as such it is by necessity an internal process, but it is not by necessity the result of introjection. By means of such cognition an object becomes represented internally (Sandler and Rosenblatt, 1962). Only the young child who is under the dominance of his oral impulses forms his perceptions and conceptions to a large extent with the help of oral tasting. In later development, when the inherent ego-capacity of perception has become operative, the contribution of oral mechanisms in perception recedes. One of the unfortunate effects of the greater attention given in recent years to early infantile processes has been the attribution of a near-monopolistic dominance to orality.

When studying the literature, particularly when reading descriptions of the psychoanalytic process, or of the interaction between analyst and patient, or of the qualities expected of the applicant, I encountered a feeling of unease, which is in fact an old acquaintance and has assailed me at times about my own writings, but this time, concerned with the goals of psychoanalytic education, I read with sharpened sensitivity and came to define this sense of unease. Briefly, it is the reaction to descriptions which have a subtle, yet unmistakable, flavour of illusions about psychoanalysis, with idealizations of the analyst as a person. It would need rather full quotations from several papers to substantiate my point, and to do this is obviously beyond the framework of my paper. I am thus aware of the risk of being misunderstood when I am singling out a few phrases from a few papers. For example, Lampl-de Groot, in the first Symposium (1954) and van der Leeuw in the

second (1962) mention "integrity" as a necessary requirement for the analyst. To my mind "integrity of character", Lampl-de Groot's phrase, is a very rare quality; it occurs only in a few persons, for whom "nature and infancy" have combined to produce such exquisite intrapsychic relations that they are able to conduct their whole social lives in accordance with the highest ethical principles. True, Lampl-de Groot then turns to medical ethics and demands that the analyst should honour them. These remarks considerably reduce the first impression which her phrase has caused. Similarly, van der Leeuw goes on to endorse Freud's demand for "Zuverlässigkeit des Charakters" in the analyst. Medical ethics and professional reliability are part and parcel of ordinary human decencies. The demand for "integrity", however, is bound to evoke the notion that psychoanalysts are persons of exceptional qualities.

The same claim is made by Fleming (1961) and Langer (1962), although these authors do it in different ways. Fleming repeatedly mentions "special endowments" and "high level of integration" as qualities of the analyst. When discussing the therapeutic goal of developing the patient's capacity for communication with himself and others, she concludes

that an analyst must already possess a high level of capacity for this kind of communication . . .

a point to which she refers back repeatedly. Another example is her statement that

the main instrument (for reaching therapeutic goals) is the personality of the analyst. . .

It is true that Freud's discovery of the transference so fundamentally changed the position of the analyst because it amounted to nothing less than the discovery that the analyst himself becomes the therapeutic agency, but that refers to his position as *worker* in the analytic situation. I want to remind you of Fliess's description, which clearly distinguishes between the analyst as a person and the analyst as a worker. I wish to quote him again:

. . . The analyst must make possible what rightly seems impossible, because it is actually impossible for the average person, and must do so by becoming a very exceptional person *during his work with the patient* [my italics]. To this end he will have to acquire a "work ego".

Greenson, who in several papers (1960, 1965, 1966) has added significantly to our understanding of the analytic process, and the more so since he clearly describes shortcomings in himself or other analysts, depicts them as "persons of unusual sensitivity, personality and character" and only later corrects the balance by acknowledging the analyst's need, after office hours, to be a very ordinary person, bad-tempered, uncontrolled, and in need of being surrounded with love and understanding.

Marie Langer, quoting from the Chicago Institute's "The Capacity for Communication" and from my contribution to the first Symposium, "the wish to help . . . combined with respect for the other person's individuality" accepts these notions but declares that more is needed. She regards as necessary for the analyst a *passion* [my italics] derived from his need to repair damaged internal objects and parts of the ego. Such need expresses the "feeling of being summoned by an internal voice (the superego)" and forms the basis of any vocation. It is this concept of a profession as a call from the superego, the one-sided stress on reparation/sublimation to the exclusion of ego-creativity and healthy narcissism from the motivational sources in the analyst that lend to Langer's picture of the analyst a quality of idealization, and even mysticism. (By contrast, cf. her paper, written in conjunction with Puget and Teper, 1964.) Now I am quite sure that if the analysts from whom I have quoted were asked whether they regard analysts as wonderful persons they would say "no".

Am I exaggerating and misinterpreting what is only a semantic matter? But are there "only semantic" differences, or do we find other more serious and uncorrected attitudes of illusion and idealization in psychoanalytic societies?

Syncretism

The useful term, syncretism, introduced (Lewin and Ross, 1960) to epitomize the headaches of the American training institutes (and those of other countries as well) is a valid concept also for the criteria derived from the goals of psychoanalytic education. It refers in fact to what is part and parcel of the human condition: the precarious balance between opposite views, impulses, aims. Its recurrence in the training situation is merely a special manifestation of this general phenomenon. If we take evaluation as not confined to the interviews with the applicant, but related to the whole course of the

training, as indeed we must do (in the Training Prospectus of the British Psycho-Analytical Society this is specifically stated) we meet syncretism as a severe problem that threatens, and sometimes succeeds in breaking, the analysis only in those cases in which, to use Fliess's description, nature and infancy have done much less than we should wish. In other words, in my experience, it is only for cases on the borderline that syncretism does represent such a severe obstacle to psychoanalytic education. This is in keeping with the observation, mentioned by several authors dealing with the problem of evaluation, that difficulties arise only with borderline applicants. Those that appear clearly as gifted or as unsuitable do not present problems for the training institutes, although the question has been raised whether those rejected as unsuitable might not have turned out to be capable of favourable changes had they been accepted for training.

Several authors have referred to measures taken to exclude the troubles of syncretism in the training analysis, but I agree with those who pointed out that this is not really possible.

Among those who emphasize syncretism as a very grave phenomenon I wish to mention Waelder (1962) who speaks of the novel element that the training requirements introduced into the psychoanalytic situation. He makes a comparison with political totalitarianism and maintains that any combination of power, however small, over a person's physical condition, with spiritual authority is necessarily a demoralizing influence. He leaves no doubt about the severity of the problem and his inability to offer a solution, but he prefers to see an "occasional ill-suited candidate being graduated" rather than see the basic climate of the psychoanalytic situation (i.e. of the analyst's secrecy and acting as his patient's "agent" (p. 286)), changed. He is, however, fully aware that the phrase "occasional ill-suited candidate being graduated" does not in fact describe the problem appropriately.

In my view, we are in need of finding a new approach to syncretism, and I would suggest that there is a tendency amongst analysts to deny the difference between a therapeutic analysis and an analysis undertaken for the sake of acquiring a new profession. It is a reality that the applicant for psychoanalytic training chooses his analyst with different aims and objectives than does the person who only wants therapeutic help from his analyst. Bibring, in her contribu-

tion to the first Symposium, probably has this in mind when she says:

we introduce into the training analysis the waning reality principle for which the analyst stands (p. 171).

I believe that the emphasis on syncretism is based on a displaced sense of guilt on the part of the training analyst. This sense of guilt does not really arise from his contact with the future analyst, but has its source in his contact with his colleagues, that is, in the conditions pertaining to his psychoanalytic society. I shall present some ideas about this point in the next section of this paper. Here I would like to add that I have stopped feeling guilty towards my candidate when the problem of his suitability becomes actual, and I have also found that my frank admission of difficulties in deciding on the next step in his training helps to carry the analysis deeper. I do not agree with Waelder that this position of the analyst has a totalitarian flavour. It appears like this only to that candidate whose early childhood deviates significantly from the "averagely expectable" so that in phases of intense dependency he did not experience the love, support, and understanding which he needed.

Psychoanalysis and its Discontents

It is obvious that there are widespread discontents with psychoanalysis, psychoanalysts, and the results of psychoanalytic education. The very institution of this Pre-Congress on Training bears witness to this fact. At the same time, this addition to our scientific congresses indicates that the problems of psychoanalytic education represent a research area of the first order.

I shall in this section trespass beyond my brief, since Kohut's instruction is "strictly speaking, not research *in* psychoanalysis but research *about* it" (p. 4 of his letter of 1 October 1966). Yet I feel that I am serving my task.

The goals of psychoanalytic education cannot be considered by focussing on the applicants only, and the problems of evaluation do not end when the applicant becomes a student; they continue throughout his training. When applying for training, the applicant makes his first step on a road that will not only lead to his acquiring a new profession, but also to his becoming a member of a certain cultural community, the psychoanalytical Society, which affects him during his whole training directly

through its representatives involved in the training, and indirectly in a multitude of ways.

In her paper for the last Pre-Congress on Training, Greenacre (1966) has dealt with the unsatisfactory features of this cultural community: strife, rivalries, formations of hostile cliques, etc. amongst psychoanalysts are a general phenomenon, once the psychoanalytic society has reached a certain size. I suggested that one reason may be the "turning inwards of aggression" when external attacks are diminished (or when their effect is diminished owing to the increased strength of psychoanalytical societies)—a phenomenon with which we are familiar in the analyses of individuals. This idea is in keeping with Gitelson's view of an "identity crisis" amongst psychoanalysts (not only in the United States) since such a crisis is specific for a developmental phase.

It is the phase of adolescence for which an identity crisis is characteristic, this bewilderment being due to the clash between progressive and regressive strivings. Side by side, or rather intermingling, a mature and gifted individual co-exists with an infantile, babyish one yearning for fusion with mother. Highly idealistic trends go together with strong cruel impulses; intellectual grasp of many problems suddenly changes into religious mysticism; and submissive hero worship alternates with rebelliousness.

I am returning to my earlier question. There are indeed more serious manifestations of illusion and idealization amongst analysts than the examples I have quoted earlier. There is a "return of the repressed" (Gitelson, 1964) of religious attitudes. Psychoanalysis is not free of the *Zeitgeist* of our period of history with religious-political tendencies, personality cult, and the formations of cliques, ritualistic incantations of phrases coined by the leaders in contrast to rational discussion of semantic differences.

Intrusion of religious attitudes into psychoanalysis has been noted by other analysts. Eissler brings a religious term into the title of his book in which he pleads for opening psychoanalysis to the anthropic scientists—Balint (1954) speaks of "supertherapy" and ends with a motto taken from the attempts at reform recommended by a certain church—Kohut pointed to the degenerating of discussion into contemptuous attacks on colleagues holding different views and connects this phenomenon with religious tendencies (1964).

Lamp-de Groot is right to stress medical ethics (whatever aspects she has in mind) but

they are bound to count for nothing when it is a question of saving an erring soul and converting it to the only right faith, an analyst of his own clique.

These conditions in psychoanalytic societies breed syncretism in psychoanalytic education.

At this point in my deliberations I turned to Freud's books, *The Future of an Illusion* and *Civilization and its Discontents*. The latter appears at first as a sequel to the former, but on careful study I find that with *Beyond the Pleasure Principle* these three works form a trilogy. Notwithstanding his magnificent excursions into ethnology and anthropology when tracing the origin of civilization, it becomes clear that Freud's main concern is to establish his concept of a "primary instinct of destruction or death instinct" on a firmer basis by showing how many phenomena of extreme importance for human life radiate from and to this instinct. In fact, thus, his excursions are means by which he pursues this aim. They illustrate the wealth of his scientific ideas and the power of his art as a writer. Moreover, he invites scientists in other fields like ethnology, anthropology, physiology, etc. to join forces with psychoanalysis—with the warning, though, that concepts, like human beings, cannot be torn crudely from the area in which they originated, but need careful handling.

Freud starts by linking *Civilization and its Discontents* with *The Future of an Illusion* by taking up Romain Roland's criticism that he had neglected the "oceanic" feeling as the true source of the religious sentiments which are used by the various churches and religious systems. Freud, however, traces this "limitless" feeling, this "sensation of eternity" to that early ego state which knows no boundary, in other words, to the primary narcissism of the undifferentiated stage, whereas he derives religious needs from the infant's helplessness and the longing for the father aroused by it. He leaves room for the possibility that there may be something behind this, and also for the possibility that later the oceanic feeling may become connected with religion, and these hints may imply states of helplessness occurring before the infant has advanced to a relationship with the father. Helplessness in earlier phases due to breaks in maternal care which maintains primitive omnipotent narcissism would represent the deeper sources of religious needs (and possibly of matriarchal religious systems).

The religion with which Freud is concerned is the system of doctrines and promises attributed

to an "enormously exalted father" (p. 74). From this religious man derives guidance and comfort which he needs so badly, because life in accordance with the demands of civilization is too hard. How did this civilization come into being? I may recall briefly Freud's conjectures. Civilization started with man's adopting the upright posture and its fateful chain of consequences. These include the devaluation of the olfactory stimuli—loss of the periodicity of sexual excitation—dominance of the visual stimuli—fear and shame related to the genitals now exposed—permanence of psychical sexual excitations associated with stronger motives for the founding of permanent families—recognition that common work and common fight against the forces of nature are more successful than the efforts of the single individual with the help only of his family. This extension of family to the greater community of civilization fails to lead to happiness because nature has not been mastered sufficiently

... when we consider how unsuccessful we have been in precisely this field of suffering, a suspicion dawns upon us that here, too, a piece of unconquerable nature may lie behind—this time a piece of our own psychical constitution (p. 86).

This statement at an early point in *Civilization* foreshadows the presentation of the primary instinct of death or destruction and its clash with Eros, the life instinct. In the further course of the book Freud constructs a multifaceted ideational structure, revolving around this concept, and deals with one facet after the other.

Starting with the demonstration that anal erotism succumbs to "primal repression", Freud moves to the "cultural frustration" which forbids the egoistic/narcissistic pursuit of instinctual gratification in general, distinguishes between the sadistic component of erotic relationships and a primary destructive drive which serves no other aim than its own. Against this, religion raises the demand, impossible to fulfil, of extreme altruism, the demand to love thy neighbour as thyself, and even to love thine enemy. Further, the most important method used by civilization analogous to the development of the individual against the destructive drive is internalization—in fact it is "sent back to where it came from—that is, it is directed toward his own ego" (p. 123).

I have now arrived at the two problem areas to which I wished to draw attention by reminding

you of *Civilization and its Discontents*. The two crucial concepts that need discussion in connection with our topic are narcissism and the destructive drive.

In *Civilization*, Freud operates with primary narcissism in the "oceanic" feeling and with object-hostile narcissism, thus tying narcissism up with the destructive drive. It is this narcissism which the many authors have in mind when they treat narcissism as a disqualifying factor in the evaluation of applicants.

However, many voices have been raised for the defence of narcissism and acknowledged a healthy narcissism which does not need disguised gratification by forming groups of mutual idealization and creating gods and demons and similar illusions. To refer to my own ideas, I have suggested that we have stuck too closely to the concept of infantile narcissism, and presented an alternative view, i.e. to regard narcissism as an experiential orientation which is subject to development as much as any other aspect of psychic life (Heimann, 1962). We should distinguish at least three types of narcissism: firstly, the naive primary narcissism as a component of the undifferentiated stage; secondly, after recognition of the self/object antithesis, the secondary object-hostile narcissism makes its appearance, largely based on frustrations by the object, not only of the child's drives but also of his ego interests; the third type of narcissism, which belongs to maturity, is instrumental for creative work (which is not identical with sublimation), and it is fully compatible with the recognition of the reality principle. It is moreover a condition for full mutuality in mature object relationships (Heimann, 1966).

Kohut described the exploitation of scientific controversy for the discharge of destructive impulses as an illness and suggested that further exploration of narcissism might solve the problems posed by it (Kohut, 1964). This task he meanwhile carried out (1966), so that we have rich material available for discussion.

I equally feel that we need to discuss the views held about the destructive drive, since the quasi-religious position given to the death instinct contributes a great deal to syncretism.

Freud's concept of a primary destructive drive ended the theoretical confusion which treated cruelty as part of the libido. The notion of a fundamental antithesis between an instinct of life and an instinct of death, both of which came into existence with evolution to living substance, is

grandiose and fascinating. But I have come to recognize that my enthusiasm for a concept that links the human being with cosmic processes, with attraction and repulsion, the expanding and the shrinking universe, is by nature "oceanic" rather than scientific. Natural scientists do not confirm Freud's theory. What is perhaps more important for us: clinical work does not demand such a derivation nor can it prove or refute it. What, however, clinical exploration does show, is that narcissism and destructiveness are not necessarily bound up with one another.

Whither Psycho-Analysis?

Praxiteles has not become obsolete through Henry Moore, but in the realm of science and technology progress involves relinquishing the position from which the newer steps occurred.

The scientist must be prepared for this development. It is precisely his discovery that will lead others to leave him behind.

Is this what is happening to psychoanalysis as a science and a technique?

It is a fact that a great number of new therapeutic and exploratory techniques have come into being. They are based on psychoanalytic concepts, and many of them are indeed carried out by psychoanalysts who clearly say that the particular method is rooted in Freud's discoveries. Often also it can only be carried out by somebody trained and well versed in psychoanalysis. To list a few of these new methods: group therapy, family therapy, the treatment of families with an acute problem, like the return of a member of the family from a hospital or from prison, the treatment of a married couple, of a mother and child, parents and child, short-term focal therapy (initiated by Balint), G.P. seminars (also originated by Balint) and other forms of what might be called therapeutic instruction given to groups of professional and industrial workers.

Gitelson (in his Presidential Address in Stockholm, 1963, "On the present scientific and social position of psycho-analysis") referred to psychoanalysts engaged in such kind of work "which have undoubted ethical appeal but are not psychoanalysis". He attributed this development in the interests and activities of psychoanalysts to anxiety, which he connected with the period of history in which we are living and the totalitarian trends affecting us from several sides. Added to these social sources of anxiety, is the intrapsychic one of what he calls "exposed

isolation". Compare also Eissler's statement (1965, pp. 101-2):

The ease with which some analysts forsake part of their analytic practice in favour of applications stems in part from the demands that the community puts upon them; but it also stems from the burden of the psychoanalytic situation itself. It is my belief that to conduct an analysis in such a way as to conform with the spirit pervading Freud's work, is one of the most difficult of tasks, and that most of the techniques with which innovators try to replace Freud's, offer as their chief advantage the fact that they are very much easier to handle.

When we look at the therapeutic or exploratory methods which I have mentioned earlier, one factor is common to all of them, and that is that in these kinds of work the analyst does not find himself alone with just one other person in the psychoanalytic situation which, by imposing the obligations of discretion, maintains the analyst's position of isolation and loneliness even beyond the actual psychoanalytic session. Either the work itself proceeds with a number of patients or quasi-patients, or the therapist proceeds from and returns to a group of colleagues who share his problems and from whom he obtains help. It does then appear as if flight from contact with only one person to be faced alone forms one motive for this development. By relinquishing the psychoanalytic situation which by its very nature mobilizes the most primitive forces in the patient and demands contact with them over long periods the analyst removes himself and his patient from the dangers of the unconscious operating in a dyadic relationship. Neither patient nor analyst are exposed to the anxieties of being sole target or sole source of the most unbridled demands and attacks.

It is true that workers in groups state that very severe anxieties are caused by the dynamics of the group; nevertheless it seems to me that there is a kind of belief that there is "safety in numbers".

In the article mentioned, and in his later one, "On the identity crisis in American psychoanalysis" (1964), Gitelson examined the relationship between the need of psychoanalysts to go outside the psychoanalytic situation and what might perhaps be called a craving to obtain for psychoanalysis full recognition of his science and conformity with other acknowledged and respected sciences. He suggests that a "fantasy of merging" lies behind this. Turning to the problem of the scientific position of psychoanalysis, he demonstrates that the definitions of

science as given by highly respected scientists do in fact apply to psychoanalysis. (Compare also the interesting point made by Lagache (1966) that "the appearance of inexactitude [of psychoanalysis] derives principally from the enormity of the material to be treated. . . .")

Clearly, Gitelson is concerned with the future of psychoanalysis and I share his anxieties. Like Gitelson, I am fully aware of the great value of the work done by analysts in these various other therapeutic activities, and I also agree with those analysts who point to the needs in the community and demand that the benefit of psychoanalysis should be made available to a greater number of people than those few who can be fully analysed as individuals. But we must be aware of the differences between psychoanalysis and social psychiatry, and exert the greatest caution before allowing a feed-back from these fields into the psychoanalytic situation. Moreover, I believe that some scepticism is in place *vis-à-vis* the enthusiasm often found in the attitude of workers in these new therapies. Time is still too short to allow judgement about their efficacy and the duration of their apparent successes. Perhaps they are still in the "honeymoon phase" and thus free from objective assessment, let alone disillusionment.

I am not suggesting that psychoanalysis has nothing to learn from other disciplines, or that it has to continue in isolation, as was the case at its beginning, but I am pointing to the need for careful appraisal of what is being taken from other sciences. Eissler pleads to make use of the anthropic sciences, and some analysts have shown that ethological research can make valuable contributions to our understanding of human nature. Thus, for example, Bowlby's (1960) ethological researches have produced significant observations for the understanding of the processes involved in the young child's separation from his mother, and that these form the basis for all later experiences of mourning. He has removed a great deal of the mythology attending the concept of instinct at Freud's time (and Freud complained about this), and by disentangling oral need (hunger) from the need for protection and security (clinging) in the child's tie to his mother, he has contributed to the undermining of the breast mystique which obfuscates some current theories of development.

*The Goals of Psychoanalytic Education and
the Criteria derived from Them*
I have avoided attempting any definition of

the goals of psychoanalytic education and perhaps for that reason I feel also hesitant about the criteria derived from the goals. It would be perfectly easy to say that the goals of psychoanalytic education lie in attracting and accepting those applicants who appear to possess, if only as potentials, those qualities, or, in Greenson's terms (1966), those skills, traits, and motivations which promise that the training analysis and the other ingredients of psychoanalytic education will make these potentials actual and manifest. These persons, therefore, would appear to secure the future of psychoanalysis, and, since survival can never follow the maintaining of a *status quo*, a definition of the goals of psychoanalytic education would necessarily include the category of scientific creativity. However, I do not feel that such a formulation would really be of value. It is so facile. I therefore leave it to the discussion to produce and test explicit definitions or to agree that at this juncture no suitable definition is forthcoming. I would like to recall here Bird's report (1962) of a discussion in a meeting held in Toronto, in which he says:

For reasons not entirely clear, the meeting turned out rather well. It was not that anything startling or even new came up. In fact, little was discussed that had not already been far more fully dealt with in published papers. Yet much of what was said did seem new, or at least fresh. And perhaps in a way it really was.

I am quite sure that something new really did emerge and affect the discussants—as happened at the Pre-congress in Amsterdam, because frank verbalization and communication, and sharing of problems, follow the principles operative in the psychoanalytic situation. Psychoanalysis does not aim at bringing about a "cure" in the naive sense of the term, as just meaning disappearance of symptoms. What it aims at, and brings about, is the process of psychic growth which also has an effect on symptoms. This is achieved to a large extent by the "psychoanalytic working team" (Heimann, 1966), the free admission of problems, primarily by the patient's associations and secondarily by the analyst's communications, provided he does not feel he has to act as omnipotent and omniscient, but fulfils his function as his patient's working partner (or partner in the "therapeutic alliance"). To do this he does not need to be an extraordinary personality, and we need not attribute to his character more than the ordinary human decencies. I like to mention in this con-

nection a remark by Solms which impressed me so much because of its simplicity. At the end of our function as members of the Advisory Committee to the A.P.F. we were waiting for transport to the air terminal. In a desultory talk about nothing in particular, Solms suddenly said: "After all, no matter how sophisticated our concepts of ego psychology have become, what we really expect in a psychoanalytic candidate is that he should have a good heart and that he should have gone through some suffering without denying it." It is obvious that what Solms meant with the phrase "a good heart" is not a wishy-washy sentimental goodness, the kind of thing, which, to quote from another conversation about psychoanalysis, Sutherland recently called "the mush of love".

Freud's discovery of the unconscious psychic world and of the tools by means of which its existence may be made accessible and beneficial to individuals and groups of individuals represents an event to which the status of an *evolutionary step* must be allocated. Teilhard de Chardin (1959) describes the step (or leap) from the hominids to the human being as the last and highest event on the evolutionary spiral, and defines this advance as a change in the direction of consciousness. Only *homo sapiens* knows that he knows; with him consciousness folds inwards as in earlier phases geological folding occurred. The capacity for *reflection* appears and with it a new world ("noösphere"). His descriptions read like a paraphrasing of Freud's presentation of mental development.

Reflection, reflection on the self, includes knowledge of the past and anticipation of the future. For evolutionary changes to be firmly established, the time span of analysis is still very short. Indeed analysts have not become better persons than those who have not experienced analysis. What they have achieved as a result of undergoing the process of being analysed is that they have acquired a new dimension in their thinking. Thus, despite the fights and hostilities amongst psychoanalysts, we do possess a special common ground; the civilization we share allows of possibilities for understanding and clarification.

Fleming attributed to psychoanalysis the acquisition of new ego functions and refers in this connection to Kramer (1959) who states this view on the basis of her continued self-analysis. From my own experience, I have come to the conclusion that self-analysis at some point regularly transcends into the tackling of an

objective problem. Kramer, at any rate, has enriched our knowledge by describing her conflict between the wish to contribute to an important problem and the resistance which used the fear of giving away too much private material. She has found an elegant solution.

Works of this kind may well be regarded as giving tangible evidence of an essential criterion of the goals of psychoanalytic education, i.e. continued self-analysis which goes together with continued self-training. The scientific exploration of such an evidence would lead to questions about the nature of the preceding training analysis, for example, in respect of transference and

countertransference, and of the other constituents of the preceding training, including a checking of the criteria used at the original evaluation.

I have earlier suggested, without any enthusiasm, a possible definition of the goals of psychoanalytic education and the criteria derived from them. After emphasizing that the aim of psychoanalysis is psychic growth and the acquisition of new ego functions, we may arrive at a definition in accordance with the measure of Freud's discoveries. Such a definition would revolve upon the creative use of the new world opened by psychoanalysis.

REFERENCES

- BALINT, M. (1954). "Analytic training and training analysis." *Int. J. Psycho-Anal.*, 35.
- BIBRING, G. (1954). "Training analysis and psychoanalytic training." *Int. J. Psycho-Anal.*, 35.
- BIRD, B. (1962). "On the selection of psychoanalytic candidates." Report to *Amer. Psychoanal. Assoc.* (mimeographed).
- BOWLBY, J. (1960). "Grief and mourning in infancy and early childhood." *Psychoanal. Study Child*, 15.
- CONSOLE, W. (1963). "A study of one hundred consecutive applications." Report to *Amer. Psychoanal. Assoc.* (mimeographed).
- EISSLER, K. (1965). *Medical Orthodoxy and the Future of Psychoanalysis*. (New York: Int. Univ. Press.)
- FLEMING, J. (1961). "What analytic work requires of an analyst: a job analysis." *J. Amer. Psychoanal. Assoc.*, 9.
- FLIESS, R. (1942). "The metapsychology of the analyst." *Psychoanal. Quart.*, 11.
- FOX, H., DANIELS, E. and WERMER, H. (1964). "Applicants rejected for psychoanalytic training." *J. Amer. Psychoanal. Assoc.*, 12.
- FREUD, A. (1966). "Some thoughts about the place of psychoanalytic theory in the training of psychiatrists." *Bull. Menninger Clin.*, 30.
- FREUD, S. (1920). *Beyond the Pleasure Principle*, S.E., 18.
- (1927). *The Future of an Illusion*, S.E., 21.
- (1930). *Civilization and its Discontents*, S.E., 21.
- GITELSON, M. (1948). "Problems of psychoanalytic training." *Psychoanal. Quart.*, 17.
- (1954). "Therapeutic problems in the analysis of the 'normal' candidate." *Int. J. Psycho-Anal.*, 35.
- (1964). "On the identity crisis in American psychoanalysis." *J. Amer. Psychoanal. Assoc.*, 12.
- (1965). "On the present scientific and social position of psychoanalysis." 123rd Bulletin of the *Int. Psycho-Anal. Assoc.*, *Int. J. Psycho-Anal.*, 44.
- GREENACRE, P. (1961). "A critical digest of the literature on the selection of candidates for psychoanalytic training." *Psychoanal. Quart.*, 30.
- (1966). "Problems of training analysis." *Psychoanal. Quart.*, 35.
- GREENSON, R. (1960). "Empathy and its vicissitudes." *Int. J. Psycho-Anal.*, 41.
- (1965). "The working alliance and the transference neurosis." *Psychoanal. Quart.*, 34.
- (1966). "That impossible profession." *J. Amer. Psychoanal. Assoc.*, 14.
- HEIMANN, P. (1950). "On countertransference." *Int. J. Psycho-Anal.*, 31.
- (1954). "Problems of the training analysis." *Int. J. Psycho-Anal.*, 35.
- (1962). "Notes on the anal stage." *Int. J. Psycho-Anal.*, 43.
- (1966). "Problems of therapeutic interventions." Presidential Address, Med. Section, Brit. Psychol. Soc., January 1966.
- HOLT, R. (1964). "The emergence of cognitive psychology." *J. Amer. Psychoanal. Assoc.*, 12.
- HOLT, R. and LUBORSKY, L. (1955). "The selection of candidates for psychoanalytic training." *J. Amer. Psychoanal. Assoc.*, 3.
- (1958). "Applications to the selection of candidates for psychoanalytic training." In: *Personality Patterns of Psychiatrists*. (New York: Basic Books.)
- KLEIN, H. (1965). *Psychoanalysts in Training: Selection and Evaluation*. (New York: Columbia Univ. Press.)
- KOHUT, H. (1964). "Values and objectives." *J. Amer. Psychoanal. Assoc.*, 12.
- (1966). "Forms and transformations of narcissism." *J. Amer. Psychoanal. Assoc.*, 14.
- KRAMER, M. (1959). "On the continuation of the analytic process after psychoanalysis (a self-observation)." *Int. J. Psycho-Anal.*, 40.
- LAGACHE, D. (1966). "Psychoanalysis as an exact science." In: *Psychoanalysis: a General Psychology*,

ed. Loewenstein *et al.* (New York: Int. Univ. Press.)

LAMPL-DE GROOT, J. (1954). "Problems of psychoanalytic training." *Int. J. Psycho-Anal.*, 35.

LANGER, M. (1962). "Selection criteria for the training of psychoanalytic students." *Int. J. Psycho-Anal.*, 43.

LANGER, M., PUGET, J. and TEPER, E. (1964). "A methodological approach to the teaching of psychoanalysis." *Int. J. Psycho-Anal.*, 45.

VAN DER LEEUW, P. J. (1962). "Selection criteria for the training of psychoanalytic students." *Int. J. Psycho-Anal.*, 43.

LEWIN, B. and ROSS, H. (1960). *Psychoanalytic Education in the United States*. (New York: Norton.)

SACHS, H. (1947). "Observations of a training analyst." *Psychoanal. Quart.*, 16.

SANDLER, J. and ROSENBLATT, B. (1962). "The concept of the representational world." *Psychoanal. Study Child*, 17.

TEILHARD DE CHARDIN, P. (1959). *The Phenomenon of Man*. (London: Collins.)

WAELDER, R. (1962). "Selection criteria for the training of psychoanalytic students." *Int. J. Psycho-Anal.*, 43.

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HOW PSYCHOANALYTIC INSTITUTES EVALUATE APPLICANTS: REPLIES TO A QUESTIONNAIRE¹

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In preparation for the Pre-Congress Conference on Training in Copenhagen, July 1967, a questionnaire was distributed to 49 psychoanalytic institutes and training centres throughout the world. Replies were received from 26, representing 12 from the U.S.A. and Canada (questionnaires were sent to 21), 8 from Europe (15 questionnaires), 5 from Latin America (10 questionnaires) and 1 from Asia (3 questionnaires). A summary of the replies follows, organized around the 14 questions of the questionnaire.

Question 1. Do you request written autobiographies from your applicants? If so, how are they evaluated?

12 of the 26 respondents answered "Yes" to this question. A much larger number indicated that they ask for a curriculum vitae. In general the autobiographies are used by all interviewers as well as by the admission committees and educational or training committees. Details of what is looked for in the autobiographies were listed by a few respondents. For example:

(Boston): "Attention is given to the capacity for introspection, psychological perceptiveness, empathy, and awareness of personal problems and indications of a potential for insight, etc., autobiographical style versus curriculum vitae, etc."

(Argentina): "The following data from his autobiography are analysed:

- (a) Manifest and definite data of his autobiography.
- (b) Subjective data transpiring from his mode of expression, his emphasis put on certain facts or circumstances, etc.
- (c) Interrelation between (a) and (b), which gives us the pattern of the complementary series.

Point (b) is extremely useful as it provides an indication of important aspects of the applicant's personality (self-esteem, object relationship, important mechanisms, etc.)."

(San Francisco): "... indications of a psychosis,

perversions or impulsive, uncontrolled behavior are noted. Empty chronologies, constrictedness in expression are looked for. We like to find evidence of warmth or empathy in the description of relationships. . . ."

A few respondents made mild statements in favour of autobiographies. An example:

(Topeka): "The Topeka Institute requests handwritten autobiographies from its applicants. It feels that these autobiographies provide information about the candidate's view of himself and, in some instances, give hints of his view of the Institute. (On very rare occasions we have asked for a more extensive autobiography.)"

Two institutes stressed the special value of autobiographies:

(San Francisco): "... we feel that some people who might be intimidated by the interview situation may reveal desirable qualities in their writing."

(Argentina): "We request written autobiographies from our applicants. . . . Experience has shown us that . . . (autobiographies) . . . provided deeper information regarding the applicant's personality than his mere professional curriculum. . . . Some of us even consider it a test which is more analytical than any other. Autobiographies have proved to be accurate selection instruments, results of which have been in most cases fully confirmed by the interviews."

Question 2. Do you request letters of recommendation? If so, how are they rated or scored?

16 from 26 responded in the affirmative. Information is sought from some or all of the following: colleges, medical schools, internships, psychiatric residencies and also acquaintances outside professional training.

There is agreement on general principles. Familiarity with the writer helps one to judge the value of the letter. Positive letters may not impress; negative letters usually carry weight.

¹ Presented to the 2nd Pre-Congress Conference on Training, Copenhagen, July 1967.

One learns most from the writer who lists the pros and cons of an applicant. Through letters of recommendation one can get some idea of (a) how the applicant works; (b) how he relates to his colleagues; and (c) how he relates to authority figures.

New York emphasized that

"... some of the qualities which make an outstanding resident (e.g., administrative interest, an eclectic point of view, enthusiasm for organization) are not necessarily correlated with sensitivity, psychological gift and other qualities which we value in applicants for psychological training."

Several respondents emphasized that letters of recommendation are particularly useful to them because the small size of their community permits them to know all, or most, of the letter writers.

Chicago has a unique approach.

"The names (at least three) are furnished by the applicant, and we send a letter explaining what sort of information we are after. These letters are evaluated independently by two members of the Selection Committee and rated on a five-point scale. In doing this, they take into consideration not only the contents but also their confidence in the respondents' judgement (e.g., their analytic sophistication, if any). They also add their 'prediction' as to whether or not the applicant as pictured in these letters is likely to be acceptable to the Selection Committee."

Question 3. Do you seek information from the treating analyst if the applicant is in analysis at the time of the application?

Again 16 said "Yes". But these answers were often qualified.

Phrases appeared such as: "with the permission of the applicant"; there is "only moderate moral pressure on the analyst to give his opinion"; only "a limited statement" is requested; and "we ask broad questions; e.g., whether serious character defects are present which would make the applicant an unsuitable candidate". In Germany the request is made only in special instances: "In case serious doubts should arise concerning the candidate's suitability in the course of the interviews, the personal analyst is asked for a statement."

Some institutes do not solicit information from the treating analyst but accept it if it is offered. For example:

(Finland): "... the treating analyst has (the) right to express his opinion, if he feels it necessary."

(Topeka): "We do not actively seek information from the treatment analyst if the applicant is in analysis at the time of application, nor if the applicant has terminated a therapeutic analysis. Often the applicant voluntarily requests the analyst to supply a report to the Institute, and this is accepted."

What has been quoted already implies reservations about seeking information from "treating" analysts. These reservations were implied more strongly or openly stated by other respondents. As an instance, the reply from

(The Netherlands): "No. This is at the moment a strict rule in our Society."

And further,

(Argentina): "If the applicant is in analysis at the time of application, his treating analyst is requested to submit a report. This rule has caused disturbances in the therapeutic analysis according to our last year's experience."

Boston has a special situation:

"Our requirements are that an applicant shall have interrupted or completed his therapeutic analysis six months prior to his application. With the permission of applicant, we seek information from the treating analyst; not that we necessarily expect to receive it."

Question 4. Do you use psychological tests? If so, which ones? How influential are the tests in the final decision?

Two, or at the most three, answered this question in the affirmative.

Most respondents stated flatly that they did not use psychological tests and thought they would not be useful; e.g.,

(Cleveland): "In our experience, these do not offer more understanding of a candidate's strengths or weaknesses than can be obtained by interviews."

A few use them sparingly or wonder about using them.

(France): "... if employed at all, (they) play only a subsidiary role."

(The Netherlands): "... it was proposed that we might start using them in those cases where a discrepancy exists in the opinions of the interviewers."

(Argentina): "In March 1966, a first experiment was carried out to try out a new system for the admission of candidates. The Rorschach test was then used."

The evaluation will be made prior to the Pre-Congress on Training, and we look forward to presenting our report on that occasion."

The respondent with the greatest experience with and respect for psychological tests is Topeka:

"The Topeka Institute uses psychological tests routinely. The tests usually included are Wechsler-Bellevue Intelligence Scale, Rorschach, Thematic Apperception Test, and Word Association Test; other tests which may be used, depending on the interests of the psychological tester, are Sentence Completion, Early Memories, and Image Associations. The Institute considers the tests a valuable contribution to the selection procedure. The situation in Topeka may differ from that of institutes elsewhere in the availability of well-trained and highly-skilled psychological testers. Testing is not meant to eliminate interviewing and usually does not bring forth new material which the interviewers had not noticed in the clinical interview, but if testing is used judiciously, it adds new dimensions to the clinical picture like the staining process in cytology which brings out the structure of specially selected tissue more clearly, so that each person concerned with the assessment can examine the structure from his own vantage point."

At Columbia University (New York) tests were done on all applicants

"Up until this past year, as part of a research project. . . . They were not used as part of the selection process."

Question 5. Are applicants interviewed by individual interviewers? If so, how many? How are the results rated or scored?

This is the method of evaluation most widely used, being employed by all 26 respondents. The number of interviewers ranges from two to four. Many institutes try to have a woman as one of the interviewers. In general, the interviewers measure the achievements, aptitude, and analysability of the applicants. Most institutes do not use rating or scoring systems.

Chicago interviewers

"... describe and evaluate the interview in fair detail, rate the applicant from 1 to 5 according to 'current status' and 'potential' (meaning usually: 'if and when well analysed') and also fill out a more detailed rating sheet."

At the Los Angeles Institute a numerical evaluation

"Till recently . . . was required. Eighty was the passing line. . . ."

In Argentina interviewers

"... must answer a questionnaire of seven items. . . ."

At Columbia University

"The results are scored as ACCEPT, POSSIBLE, REJECT. In addition, each interviewer makes a predictive rating, on a scale from 1 to 5, in ascending order, in terms of how he thinks the applicant would rate if he received training."

Pittsburgh interviewers are

"... asked to rate the applicant according to two standards. First, as compared to the ideal applicant, and, second, as compared to the other applicants he is interviewing at this time. In each instance he is asked to rate them as: plus 3, strong recommendation; plus 2, moderate recommendation; plus 1, weak recommendation; minus 1, slightly opposed; minus 2, moderately opposed; and minus 3, strongly opposed."

The way interviews are arranged in The Netherlands differs from all others:

"Using the data in the application form as a starting point, the first interviewer goes deeper into the life history of the applicant and observes his behaviour as he goes along. The data thus obtained are put into writing and sent to the second member of the selection team, who uses this material as the basis from which he directs his own interview, completing it with additional information and own observations and passing afterwards the whole set on to the third interviewer. This material consists only of the 'objective' data which have been assembled during the interview. All personal reflections, interpretations, and predictions of the interviewer concerning the applicant are reported separately in written conclusions to the Secretary of the Training Committee, or, if he is one of them, to the President or Vice-President.

These conclusions are twofold: a general conclusion in which the interviewer is free to write in his own way whatever seems relevant to him, and a shorter conclusion according to a pre-established set of diagnostic criteria and ending with the advice to reject or accept the applicant in question. This shorter conclusion is pre-circulated to all members of the Training Committee, who will eventually decide by vote whether the applicant is to be admitted or not.

On receipt of all three conclusions the Secretary of the Training Committee notifies the third interviewer, who then contacts the other two for a short exchange of views on this particular applicant. At the next plenary meeting of the Training Committee the case is discussed."

Question 6. Do you employ group interviews? If so, describe briefly.

Four institutes use group interviews, two of them occasionally and two routinely.

In Argentina and at Columbia University group interviews are used occasionally.

(Argentina): "In special circumstances or when in spite of all the data obtained, doubts still arise, the applicant is interviewed by *all* the members of the Training Committee. In this case, any member of the Committee may question the applicant."

(Columbia University): "Group interviews have been used on an experimental basis. They may now be asked for in special circumstances."

Group interviews are used at North Carolina-Duke:

"We include the Education Committee, and our visiting faculty, formerly from the Washington Psychoanalytic Institute, joins the group interview."

Chicago also uses group interviews:

"... in addition to and following the two individual interviews, the applicant is interviewed by a group of five analysts. This group has been held rather constant over the years. This interview lasts about one hour. It is more directed, less free-associative than the usual individual interview, gauges various levels of interaction, and contains a few standard projective questions. The interviewers jot down their impressions and evaluations on a fairly elaborate rating sheet and then discuss the 'case' for about twenty minutes. Both interview and discussion are tape-recorded. This group usually sees ten applicants in sequence during a two-day Selection Weekend (Saturday and Sunday)."

Question 7. Is trial analysis used as a method of evaluation? Under what circumstances?

It is hard to give a number here because many institutes use trial analysis "informally". For example:

(Britain): "Not as such, but very often recommendations are made which lead to rejected applicants seeking psychoanalytic treatment before reapplication."

Perhaps eight respondents stated that they use trial analysis in some instances, the most common being for applicants whose acceptance is deferred.

Trial analysis as a routine procedure is used in only two places:

(Porto Alegre): "The applicant is only admitted as a candidate of the Institute after a period of trial analysis, which enables a better evaluation of his prospects for an analytic career (this period takes an average of two years)."

(Israel): "Personal analysis of at least one and a half years is required as a prerequisite to application."

One respondent emphasized the special problems of trial analysis:

(France): "... the training analysis changes its essential character when it is used as the instrument of evaluation; the analysand is not able to approach his problems with the confidence of being basically accepted, despite his shortcomings, which therapeutic analysis offers to him."

Another respondent (New York) stated:

"Many applicants who have been rejected seek analysis with a training analyst and reapply later. But this is their own decision; they are never advised to do so, and no promises are made. Previous experience in suggesting personal analysis for rejected applicants led us to the conclusion that this often resulted in impossible obstacles in the analysis and brought the applicant no closer to eligibility; that such advice was, if anything, a disservice to the applicant, for he had all the disadvantages of a training analysis without having the satisfaction of being an accepted candidate."

Question 8. Who chooses the evaluators? By what criteria?

Since this is not a "yes" or "no" question, there are no statistics.

Evaluators are chosen by several methods. Some are appointed by directors, deans or chairmen of educational committees. Some are elected. Some hold office by virtue of being a training analyst, a member of a training committee, etc. Many are merely "experienced analysts".

In general the criteria for selecting evaluators are not spelled out in detail. Many institutes try to have at least one woman evaluator. Some report that they avoid evaluators who have social or professional contact with the applicant. The reply from the Los Angeles Institute is typical for responses to this question on criteria:

"The criteria are experience and known ability in practice, interest in psychoanalytic education, and 'maturity'."

Chicago states the following:

"It is expected that criteria for 'good judges' can be spelled out with more validity after the research on evaluation has progressed further."

Question 9. Are the evaluators especially trained or prepared for their task? If so, how?

The answers to this question do not permit a statistic. In general evaluators learn on the job. Some centres prepare their evaluators more than others:

(Columbia University): "We are now instituting formal discussion groups and seminars for all evaluators."

(Chicago): "New evaluators are, of course, experienced analysts. The points to 'look for' are discussed with them, and the rating sheets and scales (slightly different ones for individual and group interview) explained. New group interviewers are asked to be participant observers for a period of time before they start evaluating."

The report from Argentina states:

"All members of the Argentine Psycho-Analytic Association are at present engaged in studying criteria for interviews and their evaluation."

Question 10. Are the criteria of evaluation spelled out to the evaluators? If so, how are they determined?

To some extent this is done in all training centres. Some do it more formally than others:

(Uruguay): "We give evaluators the general idea. . . ."

(Chicago): "Criteria for evaluation of applicants are carefully spelled out and have been determined (and modified) in years of discussion within the research group."

(Colombia, South America): "The more common negative criteria include the true psychosis, the perversions, the clear psychopathies, etc., and the lack of emotional contact. As positive criteria we evaluate the capacity for concern, insight, and also, to a certain extent, the evidence for achievements in the individual history."

(Argentina): "The Training Committee provides the interviewers with items according to criteria developed several years ago by this committee, on the basis of the experience obtained within the Institute of Psycho-Analysis and the experience of

other Institutes of Psycho-Analysis." Seven basic items are judged:

- I. Insight into conflicts.
- II. Strength and plasticity of the ego (attitude during the interview).
- III. Manner of handling anxiety situations (prevailing anxieties).
- IV. Emotional-affective capacity.
- V. Intellectual capacity.
- VI. Interest and vocation.
- VII. Gamut of interests, other than psycho-analytical."

In The Netherlands "the criteria of evaluation comprise the following items which are offered as guiding principles in writing the 'short conclusion':

- I. Motivation.
- II. Personal impression and main personality traits.
- III. Main mechanisms of defence; flexible-rigid-lacunary.
- IV. Domains of free functioning: occupation
family life
contacts
interests.
- V. Kind of pathology: diagnosis.
- VI. Advice."

Topeka uses an outline for reporting interviews. Although the outline is specific for this task, many items are considered which are of importance in the evaluation of the applicant. The introduction to the outline states the spirit of this "preparation":

"The purpose of this outline is to organize the dictation by the interviewer so that the material which is so organized will be available for later study and research. The outline is not intended as a guide for the interview nor is it intended to influence the interviewer in any way. Certain items which are mentioned specifically in the outline are intended to be helpful reminders and are not placed there with the assumption that the interviewer will have to ask about each of them."

The outline includes such items as "Potentialities", "Evidences of special pathology", "Need for personal analysis as expressed by applicant", "Need for personal analysis as evaluated by interviewer", etc.

Question 11. Are there follow-up studies to evaluate the efficacy of the selection process? If so, how is this done?

Several respondents report having done follow-up studies, of varying degrees of formality. A few are doing such studies now.

San Francisco states that a follow-up is undertaken whenever a candidate "fails to progress, resigns or is dropped". In Britain:

"There have been follow-up studies in the past by simply going over the interviews and then relating them to known progress of applicants. Reasons of confidentiality have prevented discussion of such findings in public."

Boston reports that:

"Our statistics show that approximately 80% of our candidates complete training, go on to graduation and election to membership."

Columbia notes that their

"... follow-up constitutes the book by Henrietta R. Klein. . . . There will be a continuing study and follow-up by the selection committee."

In Chicago

"The entire selection-evaluation process is the subject of an 'action research' project. 'Check-points' for the original selection are: the matriculation interviews, the analyst's report (if available), reports of classroom teachers and, particularly, supervisors, the recorded discussions of the student's progress including the final summary and discussion prior to graduation, a written examination in the fifth year (or later), the evaluation of a clinical-theoretical paper presented to advanced students. The selection research aims at formulating the predictive criteria for selection as well as the 'successful evaluator' and hopes to validate these criteria as determined by the subsequent success or failure of the accepted candidate."

Many respondents show interest in this subject and state or imply that they anticipate doing follow-up studies in the near future.

(Los Angeles): "Someone familiar with the procedure over the many years, with sufficient time, could do considerable research with the promise of interesting findings."

(Pittsburgh): "We are beginning to make follow-up studies in order to evaluate the efficacy of the selection process and are attempting to determine what methods will lead to the best possible study."

(The Netherlands): "Now that the collaboration of some of the universities may be envisaged, it (to do follow-up studies) is being considered, but up to now the available possibilities have been too limited. We are well aware of the relativity of the efficacy of our selection procedures and of our evaluations. We have therefore tried to improve our methods throughout the years but not on the basis of a systematic research."

The Swiss do not evaluate applicants for training but rather "... evaluate applicants for

membership in the Society after these applicants have accomplished their full psychoanalytic training . . .". Therefore

"The follow-up studies are the selection process itself."

This method is unique in the International Psycho-Analytical Association: all who apply are trained. Not all who are trained, however, become members of the Society.

Question 12. Is research done on the evaluation process? If so, what is being investigated?

Many answered questions 11 and 12 at the same time. Hence, what was stated for question 11 could be repeated here.

Two additional quotations should suffice:

(Pittsburgh): "We are beginning to do research on the evaluation process and are searching to establish a process of investigation."

(New York): "Extensive follow-up studies have been conducted by the New York Institute for many years. One group meets periodically to discuss in detail individuals who are dropped some time after being accepted for training. A careful evaluation is made of the admission interviews, the Admission Committee deliberations, and the applicant's subsequent career. Another Committee studies the cases of very doubtful ('experimental') applicants who have been accepted, and who have gone ahead to graduation. A third has studied the subsequent careers of rejected applicants, who may have reapplied and were admitted, or who were admitted to other Institutes."

An extensive study of the latter group has been conducted by Dr Eisendorfer of the New York Institute and Dr Console of Downstate (University). The results were reported at the meeting of the Board of Professional Standards of the American Psychoanalytic Association on 28 April 1965."

Question 13. Who makes the final decision on acceptance or rejection? Based on what?

Most frequently the final decision on acceptance or rejection is made by a training or educational committee following a consideration of all available data. In several institutes the applicant is discussed first by an admissions committee and then by the training committee, with the final decision lying in the hands of the latter. In Chicago the final decision is "... made only by those who have actually interviewed the applicant, usually eight different analysts".

The British Psycho-Analytical Society concludes its answer to this question with a state-

ment that is most appropriate for our conference: "The basis for acceptance or rejection would require a separate paper."

Question 14. Is there any further specific aspect of the evaluation process employed by your group that you believe might be of interest to the Pre-Congress Conference? If so, please describe it.

Several respondents emphasized that evaluation in their centre is strongly influenced by the fact that their country is small and therefore the applicants are known by the evaluators (such as through psychiatric training) or a great deal is already known about the applicant through indirect information.

In general this question prompted many thoughtful, detailed and informative responses. Several of these will be quoted.

(Swiss): "The specific aspect of the evaluation process employed by the Swiss Psycho-Analytical Society has been described in short terms. It will be published more precisely in the next Bulletin of our Society to be probably available from 1 July 1967." (Topeka): "Yes.

(a) Pre-selection Procedure: Shortly after an applicant indicates his interest in applying, he is seen in a pre-selection interview conducted by a member of the Admissions Committee. The main purpose of the interview is to clarify whether the applicant meets the formal requirements for admission and to exclude applicants with gross inadequacies, thus reducing the chance that an applicant might undergo a psychologically and financially burdensome selection procedure for which he is neither ready nor suitable as well as to spare the Institute the burden of interviewing him. The interview is reality oriented, and no attempt is made to elicit details of the applicant's psychopathology unless he brings it up by himself. If severe pathology becomes apparent during the pre-selection interview, the advice would be to seek personal therapy. For example, obvious incoherent or paranoid behavior or the history of previous hospitalization in a mental hospital. There is no charge for the pre-selection interview. If the preliminary interview gives a favorable impression, the Admissions Committee may proceed with the selection procedure. In any event, the Admissions Committee member reports the results of the pre-selection interview to the Education Committee. If there is any gross doubt about the applicant's suitability, it will be discussed in the Education Committee, and the Education Committee decides whether to proceed with the selection procedure or not.

(b) On the application form the applicant is requested to supply brief summaries of three patients whom the applicant has examined and

treated in his psychiatric practice. These summaries often supply some unexpected insight into the applicant's character or pathology and his professional attitude."

(San Francisco): "For applicants from our metropolitan area we arrange for two members of the Institute to discuss cases for sufficient time (usually three to five hours) to allow the analyst to evaluate the applicant's clinical work. To save time for out-of-town applicants this procedure is modified and shortened by adding a training analyst interviewer who attempts the same evaluation in one interview."

(Argentina): "The therapeutic analysis of the applicants is practically a rule in our Association. The reason has been the great demand for training analysis and the low number of training analysts, that has gradually led to a situation that must be considered and evaluated both in its positive and negative aspects."

(Cleveland): "... the application process is guided by the Educational Committee's concept of what an analytic evaluation should entail. It certainly should not include any type of questions or tests which add undue complications to the subsequent analysis of the candidate."

(Chicago): "The following features may be unique here . . . :

(a) Immediately following the group interview—which is quite stressful at times—there is an additional (third) individual interview, usually of thirty minutes duration, which serve two purposes: first, to permit the applicant to abreast; second, to gather additional information by having him respond to a set of questions that gauge his perceptiveness and discrimination in the just preceding experience.

(b) It may be noteworthy that all applicants are seen by the core selection group (i.e., the group interviewers). There are usually two to three "selection weekends" a year with up to ten applicants each. Thus the core group is in a good position to make comparisons as well as to gather considerable experience over the years.

(c) The actual beginning of training ("Matriculation") is not an automatic sequel of admission and start of training analysis. After a period of analysis—now after an average time of nearly two years—usually if both analyst and analysand feel ready for it, the analysand requests to start formal training. He is then interviewed by two individual interviewers who try to gauge the progress made, or at least the workability of the analysis established."

(New York): "Ordinarily the treating analyst is not brought into the admission procedure in any way. Usually an applicant is asked whether he has discussed his application with his analyst, and his response is considered rather carefully, but that is all.

We are much aware that applicants who are in analysis at the time of application may respond to admission interviews in special ways, often including

evidence of transference manifestations. Our interviewers take this into account, and allowances are made for this artefact."

(Germany): "There actually exists a series of specific aspects which, however, are still under discussion with opinions still divided, e.g.: what importance should be ascribed to dynamic versus biographic data for the evaluation? How much weight for the evaluation has the fact that the second and third interviewers observe the influence of the previous interview(s)—and what kind of technique should then be used?"

Finally, to conclude this summary on a happy and hopeful note specific to our conference, here is one more quotation:

(The Netherlands): "Until recently psychoanalysis in Holland had little support from the academic world, which was more often than not hostile to it.

In recent years this has rapidly changed, a circumstance which undoubtedly has an influence also on the

kind and number of applicants that present themselves; although it is not yet clear what its consequences are.

Nevertheless the changed situation has made various reorganizations necessary with regard to our formal training. However, as far as the selection is concerned, we have explicitly decided to await the Pre-Congress Conference before making other changes.

We believe that the coming discussions on an international level will be of great value to us in our endeavours to improve our own selection-procedures.

As our possibilities of undertaking a systematic research on this subject have increased, we also hope that some directives will be formulated that may help to integrate our efforts in this direction in a project of wider range, than what can be achieved within the boundaries of our own Society.

We should like to stress the importance that we attach to the initiative of C.O.P.T. (Committee to Organize the Pre-Congress Conference on Training), expressing at the same time our appreciation for the work that has been done by its members to date."

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THE EVALUATION OF APPLICANTS FOR PSYCHOANALYTIC TRAINING¹

HEINZ KOHUT, CHICAGO

The participants of the 1967 conference on psychoanalytic training were prepared for the meeting by the three pre-circulated contributions published in this issue: Bird's essay which, starting from a broadly based discussion of certain general problems of psychoanalytic education, focuses on the methodology of evaluation; Heimann's paper which deals not only with the measures which we apply—overtly or covertly—when we attempt to form opinions about the suitability of those who wish to enter psychoanalytic training but which also touch on some profound problems regarding the historical position of psychoanalysis and its future; and Calder's compilation of the instructive replies to a questionnaire about evaluation procedures which had been distributed to psychoanalytic training institutions all over the world.

My own contribution, which rests on the preceding three and takes their knowledge for granted, will unavoidably repeat some thoughts that have already been expressed in them. Certain areas, however, which were only touched on by the others—such as that concerning the problem of the (quantifiable) assessment of psychological functions and qualities; and that of the influence of the evaluation process on the candidate and on the total analytic milieu—will here be taken up more explicitly. For the rest it is the aim of this essay to serve as a summarizing statement and as a preview of some of the opposing opinions faced by the Pre-Congress.

Since the subject matter of the conference is the evaluation of the applicant for psychoanalytic training, the centre of our attention concerns the first step of the three-step procedure (evaluation—prediction—decision) which makes up the process of selection.

Our predictions are based on a matching of the several psychological capacities which we think an analyst should possess, and of the compre-

hensive personality configurations which characterize him, with capacities and personality configurations which are either manifest in the applicant or which he promises to liberate in his training analysis and to develop during his psychoanalytic education. The desirable qualities or personality configurations we call the *criteria* for evaluation, the activities designed to help us find out whether an applicant possesses the potential for them are the *methods* of evaluation.

In inquiring about the methods and criteria of evaluation we confront broad spectra of possibilities. In the area of methods they reach from (a) the examination of such informational petty cash as letters of recommendation to (b) the results of that significant human encounter—subsumed under the term “the interview”—between a young man who considers embarking on a life committed to psychoanalysis and a mature man who made this choice long ago and, having shed both empty idealism and disillusionment, has achieved a realistic acceptance of the assets and limitations of our field and of his role in it. In the area of criteria they reach from demands for the potential presence of specific circumscribed capacities, such as responsiveness to the emotions of others, to expectations for such broad attributes as integrity, humaneness, and creativeness. Our concern with all the points in both of these spectra is legitimate and important—but regarding all of them, as can be clearly inferred from many telling remarks contained in Bird's and Heimann's papers, there is but a step from the sublime to the ridiculous.

The risks become especially great when we attempt to isolate criteria that can be utilized in a manner consonant with the methodology of the established sciences. The physical sciences in particular, whose growth and success have exerted a most powerful influence on the mind of modern man, have naturally impressed on us that quantification is the hallmark of scientific

¹ Presented to the 2nd Pre-Congress Conference on Training, Copenhagen, July 1967.

thinking. It is thus understandable that we should attempt to order the psychological qualities which we evaluate in our applicants in a way that facilitates the quantitative rendering of the evaluators' assessments. Yet, while few of us would nowadays subscribe without qualification to Schopenhauer's old dictum "Wo das Rechnen anfängt, hört das Verstehn auf" ("when the counting begins, understanding ceases"), all of us realize the great loss of psychoanalytic meaning that is brought about when we define psychological data in a manner that favours their quantifiable evaluation. I shall later say more about the problem of quantification; here I will only add that a careful subdivision of psychological material may be both truly psychoanalytic and analytic, i.e.—as exemplified by the Hampstead profiles (A. Freud, 1962, 1965; Laufer, 1965)—it may provide for the separate examination of details, without yet losing sight of the cohesiveness of the personality in time and in psychological depth.²

In the following I will make a few comments concerning the methods of evaluation which, while referring to the practical setting, will, I hope, avoid the trend toward the unthinking acceptance of the institutionalization of psychoanalysis about which Bird has given us an impressive warning. I will conclude with some remarks about the criteria for evaluation which, I trust, will remain in the realm of the attainable and avoid the pitfalls of empty idealism which Heimann has pointed up to us so convincingly.

Let me then first turn to the *methods* employed in assessing the applicant. Our aim is, of course, to pick the good, and weed out the bad; and we assume that, within limits, we will be able to improve on spontaneous selection and chance. At this point, however, I should like to draw your attention to certain side-effects of our institutionalized activities in this area, positive as well as negative, which deserve to be noted along with the direct result (i.e., improved selection) that might be achieved. In particular, I will discuss (i) the effect on analysis of organized research activities concerning evaluation and selection; (ii) somewhat related to the foregoing: the effect on analysis of the values and preferences of the institutional researchers and evaluators; and, finally, and I believe most importantly, (iii) the effect of the institutionalized evaluation process on the applicant and on

the "atmosphere" which prevails in the psychoanalytic community.

(i) Concerning organized research activities I can be brief. The aim of research is the discovery and verification of empirical data, and in any field of science, including our own, this aim is paramount. True, the systematization required by research may at times interfere with the spontaneity and creative intuition on which so much of our evaluation responses rest. I can yet not see how we could, in principle, oppose research in this or any other area. There are no sacred cows to science and if we wish to be as clear as possible concerning the sequence of evaluation, prediction, and the student's actual performance, appropriate research is required. The question is not whether research is permissible but whether it is good or bad, whether its methods fit the field, and, especially, whether it is designed to lead to the verification of meaningful hypotheses or whether it is in the service of circular reasoning, covered up by a complex armamentarium of procedures.

(ii) The second question, concerning the values, the preferences, and the leading interests which we tend to develop when we are functioning as evaluators is an important one, since our prestige in this role tends to create an adaptation to our standards and to what we consider to be the essentials of psychoanalysis. Our very interest in evaluation procedures, for example—and, in general, our systematic interest in educational matters—tends to lead us to the scrutiny of autonomous ego functions. This preference is not only a manifestation of the already existing emphasis on ego psychology; it frequently leads us beyond the borders of psychoanalytic ego psychology and tends to shift the major focus of the interest of an influential group of psychoanalytic educators from the investigation of the psychic apparatus and its functions to the interpersonal activities and the professional efficiency of the individual, i.e., to problems of social psychology.

I do not wish to imply that as evaluators we might simply tend to become "surface-minded"; there is probably little danger if one or the other of us should begin to manifest such easily recognizable blunting of psychoanalytic perceptivity. What I have in mind refers to more subtle varieties of preference. As an example I will mention the possibility that among the

² The use of the Hampstead profile in the evaluation of psychoanalytic candidates was suggested in a letter to C.O.P.T. by Szekely (1966). Anna Freud, too, referred to this possibility in a recent, still unpublished paper, "The Ideal Psychoanalytic Institute; A Utopia" (1966).

personalities who are attracted by work in the educational and administrative fields, there might be a preference for applicants who have the gift of coming to psychological closures, a preference for "Menschenkenner", for people who are able to "respond" and to "relate". Within limits these preferences are, of course, valid; yet, their acceptance would become deleterious if it were to obscure another set of even more important capacities of an analyst: to be able to resist psychological closures, not to "know", not to "understand", not to "respond"—to wait.

(iii) Now I should like to refer to the influence of the evaluation procedure on the candidate and on the analytic "atmosphere" in our professional community.

The evaluation procedure is the first encounter of the future psychoanalyst with organized psychoanalysis, and, in view of the deep and lasting effects of first impressions, is thus of crucial importance with regard to the image which begins to form in him of what analysis is like, and how an analyst behaves. As has been rightly stressed (Lewin, 1946), the fact that, traditionally, a corpse is the first "patient" which the medical student encounters may distort his whole outlook on the practice of medicine, i.e., his attitude toward sick and suffering people. I submit that in many instances the impressions gained by the applicant during the evaluation procedures are similarly at variance with the philosophy which underlies the practice of psychoanalysis, with that pre-conscious conception of the human essence by which the analyst is guided in the work to which he is devoting his life. There are many ways by which one could define this basic psychoanalytic philosophy. The "Know Thyself" of the Delphian Oracle is sometimes quoted; or one may stress the slow process of self-analysis with the aid of the analyst. And if we want to avoid all high-sounding phrases we will certainly agree on our careful consideration of and our respect for the defences (the attacks on the character armour of Reich's epigoni are, I hope, largely a thing of the past).

What then is the influence of efficient evaluation procedures where secrets are quickly wrested from the candidate through deeply probing individual interviews, examinations by groups, stress exposure, or psychological tests? Many of the accepted candidates may overcome these first impressions and work through these traumata in their analyses. Many of the inter-

viewers may be able to shift gears after the concentrated rush of assessing a large number of candidates in a short span of time. But I fear that, in some at least, the experience might subtly undermine their respect for the defences and for the dynamic equilibrium that characterizes even pathological structures.

Yet, on the other hand, we may also maintain that the capacity to withstand the hardships of stress interviews, psychological testing, and of the quick probing into the personality performed by experienced interviewers, should be expected of the applicant when social reality demands that he tolerate them. Or it could be said that while there are drawbacks to our evaluation procedures, the drawbacks are outweighed by the advantage of weeding out those who should not become analysts. These are knotty problems and they confront us with a troublesome dilemma which should be consciously confronted and openly discussed.

Traditionally, the evaluation of the potential analyst has, I believe, been undertaken in a different way. The interviewer, a senior analyst, will neither engage in a deeply probing examination which the candidate may experience as an attack, nor frighten him by exposing him to a mystifying silence, but will try to enlist his cooperation by discussing with him what it means to be an analyst and by explaining to him that the right decision is not only important for the institute but that it is also crucial for the applicant. Such a procedure is less efficient, less objective, and, last but not least, it may lead to hypocritical responses of pretended comprehension and good will in the applicant. Yet, it has the inestimable advantage that the evaluator himself, particularly if he is not overworked, can present to the candidate a closer image of the ultimate professional ideal than the psychological tester or the interviewer who probes quickly behind the defences and who disturbs the established psychological equilibrium of the candidate. And I believe that hypocritical responses of the candidate are more open to subsequent investigation in the training analysis than his defensive adaptation to the interviewer's actual behaviour.

After the foregoing views on certain effects of the evaluation procedure, allow me now a few remarks concerning the *criteria* of evaluation. What attributes characterize the good analyst? Reading the relevant literature one does not feel encouraged about our capacity to answer this question—whether the attempt is made through

the assessment of isolated psychological qualities and functions, or through the scrutiny of broader personality configurations.

Concerning the first method, it is in particular the fact that quantifiable data are needed in certain types of research which prompts the investigator to isolate circumscribed psychological qualities and functions. Such an approach seems indeed to be unavoidable when a comparative quantification is the major objective, as was, for example, the case in the comprehensive research undertaken by the Psychoanalytic Clinic for Training and Research of Columbia University (Klein, 1965) in which a number of rating scales were used. We should, however, again remind ourselves that we are casting aside a great part of our psychoanalytic knowledge when we formulate psychological data in terms that can be quantified; and, furthermore, we must be on guard lest the introduction of these methodological devices become the first step on the road toward the establishment of a sterile trait psychology that is dressed up with psychoanalytic terms.

The question whether quantifying devices should be used in such areas of applied psychoanalytic research as that concerning evaluation and selection is a crucial one. In brief, the gain in precision must be weighed against the loss in meaning and significance. I am inclined to believe that at the present time quantification is not achievable without an excessive loss in psychoanalytic relevance—yet I do not know what the future might bring and I am not opposed to experimentation. Meaningful quantification, however, if it can ever be achieved, will have to be a branch and specialized extension of psychoanalytic metapsychology (in particular of the psychoeconomic point of view) and the questions posed should be metapsychologically meaningful ones. In the area of evaluation and selection, for example, such questions might concern the comparative degree of neutralization of the voyeuristic drive; the degree of the ego's tolerance for uncertainty, i.e., its relative mastery over the narcissistic demand for omniscience; and the like.

Whether or not, however, we will be able to achieve psychoanalytically meaningful quan-

tifications³ in the future, the relevant and useful symbolic notations are at present not the numerical abstractions of mathematics but those of metapsychology. To state, for example, that empathy is present or not in an applicant, or even to estimate the degree of its potential availability, signifies little. What counts is whether its use is under the ego's control, in which specific areas it is effective, and whether it can lead to the meaningful, balanced, and comprehensive understanding of others. We must thus, as indicated by Heimann in the present symposium, investigate empathy within a broad metapsychological framework in order to derive something useful from this undertaking for our evaluation of the applicant. What, for example, is the difference between the talent of a "Menschenkenner" (i.e., of a practical knower of people) and the perceptivity of a psychoanalyst? Why was as great a psychologist as Freud, according to his own judgement, a poor knower of people? Or, to shift our focus to another problem area (to which Bird has directed our attention) and to ask the same question in a different context: why is the training analyst's report about his candidate so often misleading and, unless re-interpreted, of little usefulness with regard to practical educational decisions? Is it only conflicts about confidentiality and other, similar obstacles that stand in the analyst's way, or is the unreliability of this report due to the fact that the understanding achieved in analysis is, in essence, different from the judgements that underlie the many practical decisions which have to be made about a student? It is easier to ask these questions than answer them.

But let me now shift from the criteria derived from the evaluation of isolated traits and single functions to those that are related to broader psychological configurations. I confess that my own sympathies are closer to the broader approach but I must admit that there is little ground for optimism.

Analysts are familiar with the intertwining of pathology with normal and desirable psychological functions and know that the normal and the abnormal form a continuum. Many analysts tend thus to define suitability for psychoanalytic work in terms of psychopathology. This

³ Although psychoanalytic metapsychology does not provide quantitative scales that could be stated in numerical terms, its symbolic notations do allow formulations that correspond to certain mathematical processes. Binswanger (1936) (who was in general not a friend of the application of the methodology of the physical and the biological sciences to the field of psychology) emphasized

the mathematical sophistication of certain aspects of psychoanalytic theory, giving as illustration Freud's statement "It is as though the resistance of the conscious against them [i.e., the derivatives from the repressed unconscious] was a function of their distance from what was originally repressed" (Freud, 1915).

approach is neither unsophisticated nor without merit. Those who use it do not assert that it is the pathology *per se* that accounts for the gift; they see the gift as an outgrowth of a specific, controlled responsiveness, emanating from the periphery of the pathological sector. A touch of hypersensitivity, for example, to the hostile, immoral, cowardly, or otherwise base motivations of people, distantly related to a paranoid's makeup, could be advanced as constituting a desirable personality type—and a few outstanding analysts do fit such a description. The depressive's capacity to feel a kinship to the sadness and suffering of people, the tendency toward identification with others, has been adduced in support of the claim that the good analyst is basically of the depressive constitution (Greenson, 1961), as long as the propensity remains controlled and within bounds. And, again, there are undoubtedly splendid analysts who approximate the description. Yet, even if one puts aside doubts about the scientific appropriateness of such statements and definitions, one wonders about their specificity. I am reminded of a fine analyst, whom I had known for many years. From time to time he made the statement that "in order to be a real analyst one has to have had at least so and so many years of experience". As time passed I noticed that the required number of years grew and finally caught on that the number he mentioned was that of the years which *he* had spent in the practice of analysis.

There are many types of analysts and there are different types of excellence among them. I once entertained the broad genetic and structural hypothesis that the good analyst has a personality which is characterized by central firmness and peripheral looseness (Kohut, 1961). Genetically speaking, I thought that his self-image had developed on the basis of wholesome early experiences of maternal acceptance and empathic care, with a resulting strong and deep sense of nameless narcissistic security. Later, however, disturbing experiences had left him with uncertainties about himself (concerning the definiteness of his socio-cultural role, for example), resulting in a peripheral looseness, changeableness, and impressionability. He is a "Liebhaber in allen Gestalten" (a lover in many shapes), to use a phrase coined by Goethe. I still think that this formulation has much to recommend itself; yet there are excellent analysts who would not be covered even by this broad genetic formula and, vice versa, I know that the pattern

also fits people who have achieved excellence in other pursuits.

Are we then really left with nothing? No formula that would express if not what can always be expected to exist, so at least what must be recognized as desirable? I think that one statement can indeed be made, even though it might still contain a trace of the subjective, and even though its practical applicability and usefulness is limited. It refers to the fact that the applicant must give evidence of the potential presence of a vivid interest in psychological matters, especially concerning the inner life of people, that this basic interest should be motivated in essence by libidinal forces, yet that aggression must be sufficiently available to support and sustain it. I am aware of the apparent triteness of these statements and know that the formula needs elaboration. Here I will only add that a deep interest in psychological matters, grounded in early experience, is indispensable, whatever its specific genetic source. The original curiosity may have been stimulated by the cognitive task of mastering a complex layering of the generations in the child's early environment; its intensity may have been due to a puzzlement over the unexplained mood swings and motivations of a beloved parent; or it may stem from the early identification with an admired parent's own fascination with the inner life of people. Whatever the specific early constellation that led to the intense cathexis of this interest—and, within certain limits, independent of the applicant's conflicts and inhibitions—the crucial condition seems to me to be that the motivation be predominantly a libidinal and not an aggressive one. The future analyst's conscious or unconscious wish to understand should thus be based on love for psychological truth and should neither be primarily determined by the urge to show up the seamy side in order to destroy, belittle, or degrade, nor—in a reaction formation to the sadistic impulse—by the need to cure, to soothe, to heal. The primary motivation should be fondness for psychological truth itself. That one cannot achieve access to the truth without the aid of free aggression, to overcome obstacles and to sustain the perseverance of the search, goes without saying. But to repeat: the aggression should be in the service of the libidinal aim.

Let me end with a story. Some years ago, after having given a lecture in a distant university town, I attended a reception in the home of a

psychoanalytic colleague. As these things go, I felt soon that I was a stranger among the local people who knew each other well and found myself chatting in an otherwise deserted hallway with a boy about 14 years old, the son of the colleague in whose house the reception was being held. He told me he was struggling with a school assignment concerning his occupational life plan, that he was considering becoming an analyst like his father, but that he felt he should get the advice of someone outside his own family. And he asked my opinion whether he might write to Miss Freud for her advice. I said that was a great idea, and that, from what I knew about Miss Freud, I felt confident she would answer. The next day I left for home, some weeks passed, and I had forgotten the incident when to my great pleasure I received from my colleague, the boy's father, a note expressing gratefulness for having encouraged his son and, as a souvenir, a photostatic copy of Anna Freud's reply to the boy's inquiry, which was as follows:

Dear John . . . ,

You asked me what I consider essential personal qualities in a future psychoanalyst. The answer is comparatively simple. If you want to be a real psychoanalyst you have to have a great love of the truth, scientific truth as well as personal truth, and you have to place this appreciation of truth higher than any discomfort at meeting unpleasant facts, whether they belong to the world outside or to your own inner person.

Further, I think that a psychoanalyst should have . . . interests . . . beyond the limits of the medical field . . . in facts that belong to sociology, religion, literature, [and] history, . . . [otherwise] his outlook on . . . his patient will remain too narrow.

This point contains . . . the necessary preparations beyond the requirements made on candidates of psychoanalysis in the institutes. You ought to be a great reader and become acquainted with the literature of many countries and cultures. In the great literary figures you will find people who know at least as much of human nature as the psychiatrists and psychologists try to do.

Does that answer your question?

Yours sincerely,

Anna Freud.

The foregoing letter, with its simple and direct expression of an outlook on our profession which many analysts share with Anna Freud, may well serve as a starting point and as the key note for the discussions of the Pre-Congress. Yet, it must not be denied that the problems which the conference faces are many, that the subject matter allows of no simple solution, and that the participants might at times feel overwhelmed by the complexity of the task, by the different viewpoints that will be taken, and by the seemingly unbridgeable distances which lie between the various solutions that are being proposed. We know full well—and so does Anna Freud—that a warm and charming letter to a 14-year-old about what makes an analyst cannot substitute for the hard-earned insights obtained through experience, study, and debate. Yet, whenever the discussions should reach an external or internal impasse during the meetings, it behooves us to recall one sentence from the preceding letter: "If you want to be a real psychoanalyst, you must have a great love of the truth."

REFERENCES

- BINSWANGER, L. (1936). "Freuds Auffassung des Menschen im Lichte der Anthropologie." In: *Ausgewählte Vorträge und Aufsätze*. Vol. 1. (Bern: A. Francke, 1947.)
- FREUD, A. (1962). "Assessment of childhood disturbances." *Psychoanal. Study Child*, 17.
- FREUD, A., NAGER, H., and FREUD, W. E. (1965). "Metapsychological assessment of the adult personality: the adult profile." *Psychoanal. Study Child*, 20.
- FREUD, A. (1966). "The ideal psychoanalytic institute: a Utopia." Paper presented at the Chicago Institute for Psychoanalysis.
- FREUD, S. (1915). "Repression." *S.E.*, 14.
- GOETHE, J. W. v. In: *Goethe's Werke: Vollständige Ausgabe letzter Hand*. Vol. 1. (Stuttgart: Cotta, 1828.)
- GREENSON, R. R. (1961). "The selection of candidates for psychoanalytic training." A Panel Report. *J. Amer. Psychoanal. Assoc.*, 9.
- KLEIN, H. R. (1965). *Psychoanalysts in Training. Selection and Evaluation*. (New York: Psychoanal. Clinic for Training and Research, Columbia Univ.)
- KOHUT, H. (1961). "The selection of candidates for psychoanalytic training." Contribution to Panel. (*in Greenson*, 1961).
- LAUFER, M. (1965). "Assessment of adolescent disturbances. The application of Anna Freud's

diagnostic profile." *Psychoanal. Study Child*, 20.

LEWIN, B. D. (1946). "Countertransference in the technique of medical practice." *Psychosom. Med.*, 8.

SCHOPENHAUER, A. "Über die vierfache Wurzel

des Satzes vom zureichenden Grunde." In: *Schopenhauer's Sämtliche Werke in Fünf Bänden*. (Leipzig: Inselverlag.)

SZEKELY, L. (1966). Letter to the Pre-Congress Organizing Committee (C.O.P.T.)

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THE PSYCHO-ANALYTIC VOCATION AND THE IMPLICATIONS OF THE TRAINING ANALYST'S COUNTERTRANSFERENCE ON SELECTION OF CANDIDATES

I. TOLENTINO and G. C. ZAPPAROLI, MILAN

"Non cuivis homini contingit adire Corinthum"—

Horatius, *Epistolae*, Lib. I-XVII. V-36

("It is not allowed to all men to reach Corinth")

The selection of the candidates who apply for psychoanalytic training at the Institute in Milan allowed us to make some observations which are briefly outlined in this paper.

One group of these candidates considered the training, which was for them a concrete expression of their ego-ideal, a means to achieve professional qualification. For these candidates the function of therapy of macro- and micro-pathological structures appeared to take second place.

The opposite occurred in a second group of candidates who recognized in the training analysis an eminently therapeutic function for their own psychopathological disturbances, and professional qualification was of secondary importance in this group.

In evaluating these two different approaches, the request for professional qualification is considered less favourable for selection than the request for therapeutic analysis. Gitelson's paper on this subject, when he considered the problem of the "normal" candidate, is most useful.

The purpose of our paper is to analyse this problem from two points of view: one of us (Tolentino in Section I) has considered the problem of selecting candidates starting from some general considerations and above all from the problem of the countertransference; the other (Zapparoli in Section II) has considered the specific problem of psychoanalytic vocation.

I. IMPLICATIONS OF THE TRAINING ANALYST'S COUNTERTRANSFERENCE FOR THE SELECTION OF CANDIDATES

The analysis of the candidates must not deviate from any of the principles that we follow in the practice of individual psychoanalysis, and

in this sense it is desirable that we adopt without reserve, the system that the training analyst does not interfere with the curriculum of the candidate and avoids making any administrative decisions.

The discussion of the objectives that we aim at in selection, that is to produce clinical analysts or research analysts who may contribute to the scientific development of psychoanalysis, must not make us forget that the particular instrument that the genius of Freud has given us for the teaching of psychoanalysis, is the analysis of the candidate himself.

Therefore, apart from the requirements and qualities listed by various authors (and in particular those put forward by Heimann, Gitelson, Greenacre and Van der Leuw), the common element in all the candidates must be their suitability to be analysed. They must have a type of character or neurosis that allows a diagnosis of personality which lends itself to successful analysis, or to modifications of the personality in the sense that it favours the development, the growth and the cure of the symptoms present. Those potential qualities are to be considered positive therefore, which may be revealed or developed by the analysis, because the real learning is to be had in experiencing the dynamics of the analytical process and in the gradual elimination of the resistances and discovery of the unconscious. In the selection of candidates at the Milan Institute, those who were accepted after individual interviews with three different psychoanalysts showed in considerable degree the following characteristics:

(i) The candidate is suitable to be analysed in that he shows a disposition for transference; a self-awareness of neurotic traits which he desires to analyse; his libido is still in part free to be invested in further fields of application; aggress-

ivity is channelled in professional competition or in some kind of creativity; libido has not been immobilized or destroyed by aggression. The candidates show a certain disposition to modify their own dependence on paternalistic and authoritarian structures when these are present.

(ii) Intelligence, and emotional disposition, and a human contact which reveals itself during the interview.

(iii) An interest in becoming a psychoanalyst only after having analysed their own neurotic traits which the candidates express as a desire to know themselves and to resolve their own problems.

(iv) A genuine interest in others that is already apparent in the present work of the candidate. This interest shown in others often masks an unconscious desire to cure oneself.

Normality and a solely professional and utilitarian motivation were considered negative aspects (in accordance with Gitelson's concept of the "normal candidate").

The problem of selection can be approached from the point of view of the countertransference of the analysts who are responsible for the selection. Our experience which is indicative of a merely local situation has revealed the following characteristics:

(i) A tendency in the training analyst to choose candidates who are already free from paternalistic or authoritarian influences (academic environments, psychotherapeutic groups, Catholic university, etc.), which hides a desire to make an initiate of the candidate. This shows an intolerant and proselytising attitude which tends not to respect the freedom of the individual and not to appraise his potential possibilities of being freed by the analysis of his childhood ties, of which the authoritarian influences are a present manifestation.

(ii) A tendency in some training analysts to overestimate the candidate's education or academic qualification (in psychiatry or psychology) which he justifies with the social and political necessity to approach other cultural environments; this tendency indicates insecurity in the training analyst.

(iii) A too exclusive ego-ideal of an omnipotent type for whom the psychoanalysis is considered an exclusive *Weltanschauung* and tends to choose candidates who show themselves disposed to accept this way of seeing things.

As we have said, the tendency today in training

is to deprive the analyst of the prerogatives of power (the dangers of an authoritarian influence have been emphasized by Szasz), which in the past, resulted in the analyst having a decisive influence on the candidate. This procedure resulted in serious harm for reasons that are well known: the difficulty of analysing the aggression and the negative transference of the candidate, with the consequent continuance of dependence and an unresolved unconscious aggression. At the end of the analysis it was possible to have manifestations of submissive behaviour or clamorous rebellion.

This progress, however, is not altogether lacking in certain unfortunate consequences; the analysis of a candidate incurs greater difficulties, being nearly always both long and complicated because of the fact that the aim of the candidate is two-fold; to be cured and to become a psychoanalyst. Apart from the usual objectives, therapeutic and restructuring, it is a case of having to undertake the subtle work of verifying the motivations of choice of the profession, of analysing precocious identifications in relation to the identification with the analyst, who is not only a transference object but also an object easily idealized as a model of the profession or as a representative of a current of culture or science. The second objective (to become a psychoanalyst), even if put aside at the initial stage of the analysis (for we say to the candidate "yours is only a personal analysis"), is nevertheless present in a latent way and inevitably becomes the object of analysis in the final stages.

The desire to become a professional analyst which induced the candidate to seek training, even if deeply rooted in his childhood experience, is also motivated by reality elements, and the desire to achieve a precise aim limits to a certain extent the freedom of the analysis. It is often a difficult and delicate task to separate the infantile and transference motives from elements which are conditioned by reality.

Looking now at things from the point of view of the countertransference, we must ask ourselves what are the motives that bring an analyst to go on working continuously as a training analyst. What are the forces acting on him, in view of the fact that the training analysis is not on the whole very gratifying and, furthermore, is lacking in the narcissistic gratification which might once have been represented by the power to decide the future of the candidate with regard to his professional curriculum?

The answer to this question, that is to say, of the specific inner motivations of the training analyst, is to be found, obviously, in the infantile genesis of certain traits of his personality; in the outcome of the analysis that he himself was subjected to, and in the ways in which he identified himself with his own analyst or with Freud's method. All this satisfies the analyst's need to respect and to help others, associated with a sublimation of creative requirements of a paternal or maternal type.

Sometimes the competition with the analyst-father persists to a certain degree (owing to a transference which has not been altogether resolved) and also a residue of masochism and aggression which should be sublimated. The aggression is in part often directed against other competing scientific groups and psychoanalysis is defended as the best theory. This competition is expressed in the teaching of psychoanalysis with the desire to create good analysts. In certain cases, however, the result may be the formation of analysts who are convinced in a quasi-religious way of the efficacy of the method, but they are not very critical of themselves, not very studious of other scientific contributions, and not very active in a creative sense.

The aggression which is not sublimated is deflected either towards the outside world or is turned on the group, creating in this way sub-groups and factions which form themselves around one or other of the analysts giving rise to difficulties in the training (see Langer *et al.*). It is important therefore:

(i) That the training analysts have insight into their own countertransference motivations which lead them to assume the task of being an analyst to future analysts, since they take upon themselves a duty where the responsibility is greater than usual.

(ii) Given the frequency of aggressive movements among analysts, it is necessary to understand the full implication of aggression in the personality of the analyst.

(iii) Within the organization of the Institute, we should examine how to effect a continuous and careful study of countertransference in the training work, to avoid the scotomization of certain aspects of the psychoanalyst's work and to avoid incomplete or too lengthy analyses, or to prevent him from considering the analysis undertaken as something different from a classical analysis.

The student should serve not merely to satisfy the conscious and unconscious needs of the

analyst, but should be helped in every possible way to understand his own unconscious and to affirm himself by means of the analysis and by means of the process of self-analysis which is to begin. This will be the best way to create good analysts.

The way of thinking and the countertransference attitude of the training analyst is present from the first selection interview with the candidate and it is for this reason that we have extended our argument to these aspects.

II. THE PSYCHOANALYTIC VOCATION

As analysts we are better prepared to consider the indications and the counter-indications to the analytic treatment while we are reluctant to formulate judgements about the existence or non-existence of specific motivations which currently we can define also as vocation.

So it is easier for us to maintain that, only after a successful therapeutic analysis, the candidate can aim in a more realistic way at becoming a psychoanalyst.

Although our analytic outlook makes us cautious and reluctant in formulating judgements, we must, however, form a judgement, even if temporary, in the case of candidates who have not yet begun their personal analysis. In fact, when confronted by the group of candidates for whom the training has primarily the function of professional differentiation and the therapy of their disturbances is only secondary, we cannot avoid formulating judgements of their potentialities on convictions not always based on clinical reality.

After all we, as selectors, are opposed to those candidates for whom the training has become a concrete expression of their ego-ideal and we set them against models which, in our turn, are desired from our ego-ideals.

Thus we have built some patterns more or less ideal to which the candidates or even the analysts should correspond. Gitelson has synthesized the characteristics of the ideal analyst in three points:

- (a) he has to be able to bear the anxiety that each meeting with a human being involves, as an unknown system;
- (b) he has to be able to answer with his own caring impulse to the anaclitic need of the patient;
- (c) he must accept in the patient the potential trend towards development and self-sufficiency, concealed by the regression and by the defensive system.

To these criteria we can add of course, others, as for example:

- (d) the possibility of using the regression in the service of the ego;
- (e) the possibility of using with the patient repairing mechanisms and series of identifications.

If we consider the characteristics just enumerated we can believe, according to the rule, that the problem of the choice of the candidates should simply consist in choosing those personalities who are thought to be able to reach, if not all, at least a good deal of the optimal standards just mentioned.

The characteristics mentioned above, if they can be a future achievement, are difficult to foresee as they do not require special qualities in the candidates. It seems, on the contrary, that our judgements about the vocation to become a psychoanalyst cannot be based on specific criteria which regard the capacity in the candidates not yet in analysis to handle his instincts, but on other criteria which after all are based on the principle of *post hoc, ergo propter hoc*.

Considering the existence of many ego-ideals it becomes even more problematic, if not impossible, to state common selection criteria of candidates when the local policies of different psychoanalytical Societies get the upper hand. It seems to me, however, that we can find a common criterion of selection if we consider the special attitude in the handling of instincts in general and of aggression in particular. The psychoanalyst in fact gives up, after all, using the most common expressions of aggressiveness, "his" action is quite distinctive as it assumes some characteristics which get near, or should get near, the forms of sublimated aggression. Discussions about the characteristics of sublimated mechanisms are still open; nevertheless, psychoanalysts can be classed as an homogeneous group of individuals, not only because they apply the same therapeutic method but also because as a result of their training and profession they achieve a sublimation of their aggression.

It seems to us that a criterion upon which we can base the temporary suitability for training is that of testing in the candidate the potentiality to handle his aggression according to the criteria of analytic behaviour. We can establish the validity of this criterion from those candidates who during analysis are able to reach the characteristic standards insofar as they feel that

they are well integrated and they identify themselves with the analyst as a colleague and as a brother and no more as a therapist and a father. The greatest difficulty at this point concerns the acceptance of non-acting as a safe system, that is of the use of the interpretations.

In fact, the statements made by these candidates in analysis often concern the fear of harming patients by not controlling them or themselves. After all, the problem of the possible harm that can be done to the patients through the analytic "non-acting" shows itself in these candidates. They are aware of the difficulty of acting only in an analytic way, i.e. through interpretations, and of renouncing the most common ways of action (e.g. through medicines, drugs, advice). This aspect seems to me significant as it characterizes the specific function of an attitude. Accepting the analytic interpretation as a system of safety is, after all, the specific element which characterizes the psychoanalyst.

To understand our thesis we can also consider briefly what happens in the selection of the candidates in two organizations already considered by Freud: the Catholic Church and the Army. The Catholic Church for centuries has set up a characteristic technique through which the vocations of the priests are tested. It avails itself of "tests", evolved over many years, which are carried out before the sacerdotal ordination. These devices are only the background on which a specific judgement is made about the priests having to tolerate chastity and obedience. From the point of view of the personality and emotional life, the vocation assumes the significance of the capability of being integrated despite the vow of chastity and obedience, that is, despite the renunciation of sexuality and rebellion. The judgement formulated by the selectors is based on the specific mode of instinctual repression which is put into effect after the chastity and obedience vow.

Similar considerations can be made for the Army where the capacity to obey and utilize aggression without a sense of guilt becomes the specific criterion of selection, while the disposal of libido is less important.

To return to our thesis, it would seem advisable to ask ourselves if the judgement about the vocation to be a psychoanalyst can rest on the capacity to handle the instincts, or only on general criteria that can be required for other professions. The psychoanalyst makes neither a vow of chastity nor obedience; he is part of a

group and he does not renounce and limit his freedom; and he has no leaders, either material or spiritual, on whom to depend and in whom power is concentrated. What is the common

element of this group? It is the possibility of sublimating aggression to the point of tolerating, as a safety system, action in an analytical sense, namely through interpretation.

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THE DISCOVERY OF THE TRANSFERENCE: TOWARDS AN EPISTEMOLOGICAL INTERPRETATION¹

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The importance of the concept of transference no longer requires to be proved. For its discovery, which initiated a new era in psychotherapy, the credit is due to Freud, who certainly appears to have conceived it entirely on his own. Indeed, whereas in his elaboration of the concept of the unconscious and even of the theory of dreams, he had been put on the track by a trend of thought that was widespread at the time, it is only possible, at the very most, to trace in the concept of transference the idea of the repetition of an emotional experience—an idea already inherent in the cathartic method.

It is possible to assert today, with some degree of assurance, that the discovery of the transference was Freud's first major discovery, and that which opened the way for the series of further, now well-known, discoveries which he was to make.

In what, then, does the originality of the transference theory consist? It has demonstrated the hitherto unrecognized, dynamic forces which are involved in the doctor-patient relationship. In fact, it may be said that it has put an end to the resistances which, since the latter part of the eighteenth century—at which period psychotherapy entered the experimental phase—had masked the true role of the two participants in this relationship. Freud was the first to succeed in bringing to light the reciprocal currents of affect which unite them. How far back can we trace the inception of this discovery? And what were the stages in its development? In the absence of any direct evidence on the part of Freud himself, very little information is available on these points. Furthermore, no relevant data in this respect are to be found in the psychoanalytic literature, apart from the recent article by Szasz (1963), which formulates certain hypotheses, and to which further reference will presently be made. However, certain works which have appeared within the

last fifteen years, on the origins of psychoanalysis, and in particular the biography of Freud by Jones (1953) and Volume I of the *Standard Edition* containing Freud's correspondence from 1873 to 1939, have provided new material which sheds some light on the problem. These sources have been used in my research, the results of which are here set forth.

In order that the radical change brought about by Freud's discovery may more readily be appreciated, it is relevant to recall in the first place the attempts which were made, in the pre-Freudian period, to explain the psychotherapeutic relationship.

In the Days of Animal Magnetism

The affective nature of the doctor-patient relationship was perceived from the very earliest days of psychotherapy. It would in fact seem that Mesmer (1781) already sensed the subjective element which enters into the relation between the magnetist and his patient. Indeed, according to him, animal magnetism "must in the first place be transmitted through feeling. Feeling can alone render its theory intelligible. For example," as he stated, "a patient of mine, accustomed to experiencing the effects that I produce on his mind, possesses one more faculty than other men, with which to understand me" (p. 25).

As is well known, to account for the action exerted by the physician on his patient, Mesmer postulated the influence of a "fluid"—a concept clearly related to those of electricity and magnetism (as a branch of physics), which aroused such interest in scientific circles in the eighteenth century. In fact, every investigator naturally tends to adopt the prevailing modes of explanation of his day, but he may at the same time be influenced by unconscious motivations. Those who have chosen psychotherapy as their field of action are particularly subject to such

¹ This paper was originally presented in part before the Swiss Psychoanalytical Society, at Lausanne on 28 January, 1967, and also at the 55th Annual Meeting of

the American Psychoanalytic Association, May 1968, in Boston. It has been translated from the French by R. H. Ahrenfeldt and myself.

influences, inasmuch as they are constantly called upon to become affectively involved. The resistances which arise within them are reflected in their explanatory concepts, thus fulfilling an analogous role to what Bachelard (1965), with reference to other scientific fields, has called "epistemological obstacles". From this point of view, the fluid theory may be regarded as an attempt to "depersonalize" the relationship. One might equally interpret in the same sense Mesmer's refusal to make use of the method of verbal communication, after its discovery in 1784 by de Puységur. It may be that de Puységur considered, conversely, that verbal communication, by maintaining a distance between physician and patient, was more reassuring than the mesmeric technique with its physical contacts. In fact it is significant that de Puységur's disciples maintained a certain distance, making magnetic passes at "two inches" from the subject, and no longer with actual contact over the patient's body. Furthermore, de Puységur had ceased to induce convulsive attacks, which he may have found distasteful because of the erotic character that they sometimes assume. This aspect of mesmeric phenomena was noted in the Secret Report, accompanying the celebrated Report on animal magnetism addressed to Louis XVI by Bailly (1784) on behalf of the Royal Commission of Academicians, which stated: "... Whatever the illness may be, it does not deprive us of our sex, it does not entirely withdraw us from the power of the other sex" (p. 4). And the Report concluded: "The magnetic treatment must necessarily be dangerous to morality" (p. 5).

Yet, the Academicians notwithstanding, some of de Puységur's pupils, sometimes known as "voluntarists", continued to direct their attention to the interpersonal relationship inherent in magnetism. In their view, the curative factor resided in the *will* of the therapist to cure his patient, and in the affection that he felt for him. Charles de Villers (1787), who was in fact somewhat sceptical as to the mesmeric fluid, clearly expressed this point of view:

I carry, therefore, within me the wherewithal to relieve my fellow; it is the most sublime part of my being that is dedicated to this purpose; and it is in the feeling of the most tender concern that my friend is assured of finding a remedy for his ills (p. 114).

It thus appears that the "voluntarists" accepted the affective involvement in the rela-

tionship. Although de Villers spoke of a "rapport of inner dispositions" (p. 124) between two individuals, this involvement was generally regarded merely as a unilateral one, the curative effect being ascribed above all to the physician's feelings for his patient. The patient's feelings were indeed held to be negligible, and it is possible here again to discern in this interpretation a defence against the emotional demands of the patient. It did not escape de Villers that the relationship was at times in danger of assuming an erotic character (pp. 220-221), and he warned against this hazard; but he did not, for all that, follow the Academicians in declaring magnetism to be dangerous.

A large number of magnetists similarly drew attention to the importance of the affective relationship between physician and patient. De Saussure (1943) gives several examples of these, beginning with de Puységur (1785). He, although a "fluidist", nevertheless took into account the curative value of emotional factors: "the affection of those who are habitually around us," he wrote, "proves helpful to our health as well as to our happiness" (p. 259). The same view was expressed with even greater clarity by J. P. F. Deleuze (1825), a well-known disciple of de Puységur's, and, like him, a fluidist. This author considered that, "in order to act effectively, he [the magnetist] must feel attracted to the person who seeks his care, must take an interest in him, and must have the desire and the hope of curing or at least relieving him" (p. 21). In his opinion, also, "magnetism, when it is accompanied by somnambulism, usually imparts to the somnambulist a very strong affection for his magnetist; and this affection persists in the waking state, even after the treatment is ended" (p. 165).

But, of the writers of the period, the one who perhaps more than any other emphasized the interpersonal dimension of magnetism was a Paris physician, Jean-Jacques Virey (1818). According to an article on Magnetism which he compiled for the *Dictionnaire des Sciences Médicales*, he saw in magnetism "nothing more than the result of the nervous emotions produced naturally, that is, by the imagination, or by the affection between different individuals, and principally that which arises from sexual relations" (pp. 23-24). Virey further stated that the "magnetized subject becomes attached to his magnetist, as to a caressing angel, a being sublime in his beneficence" (p. 66). In fact he

refuted the fluid theory, observing that magnetism has all the more power, for being considered solely in respect of the action which sentient beings exert one upon the other.

From the role which he conceded to the imagination, Virey may be placed amongst the "animists", i.e. the precursors of the psychological explanation of magnetism. It is well known with what violence "fluidists" and "animists" opposed each other in the first half of the nineteenth century. But, as we have seen, there are to be found, in both groups, authors who referred to the existence of affective currents that run between physicians and their patients.

The Era of Hypnotism

In the second half of the nineteenth century, the work of Braid (1843) and Liébeault (1866) marked the beginning of a new phase in the attempt to explain magnetism, which was henceforth to be known as "hypnotism". The concept of suggestion now assumed a paramount importance, which indeed appears to have confirmed the victory of the psychological point of view. Nevertheless, Braid and Liébeault had been obliged to fight against the last "fluidists" (Chertok, 1968a), and subsequently, from 1880, Liébeault and the Nancy School were to encounter a strong opposition on the part of the Salpêtrière School in Paris, which advocated a somatic concept of hypnosis (Chertok, 1967).

It should, however, be noted that the supporters of the psychological explanation themselves regarded suggestion as a mechanistic process, formulated in a psycho-neuro-physiological language which purported to be scientific. Thus, for Bernheim (1884), a pupil of Liébeault's, suggestion was "the influence exercised by an idea that has been suggested, and has been accepted by the brain" (p. 73). The hypno-suggestive relation thus became "depersonalized", a process which may be interpreted as an increased resistance to assuming a role in this relationship. This attitude was still very much in evidence at the First International Congress of Hypnotism, convened in Paris in 1889, whose participants included all the world authorities on the subject of hypnosis. At no time during the Congress was the question raised as to what might actually lie behind suggestion (Chertok, 1967).

This first Congress marked the culminating point of the vogue of hypnotism, which had known its most fertile period in the preceding

decade. In fact, in France these same years represented for the whole field of psychotherapy a period of intense productivity; it was then that Freud, experiencing in this connexion the stimulating influence of such teachers as Charcot and Bernheim, was first orientated towards his future discoveries.

Charcot died in 1893. Shortly afterwards, there commenced the decline of hypnosis. The School of the Salpêtrière disappeared definitively, whereas that of Nancy, in the person of Bernheim, discarded hypnotism in order to retain exclusively suggestion in the waking state. Bernheim went so far as to state: "there is no hypnotism, there is only suggestion". Later, as we know, hetero-suggestion was to be abandoned in favour of auto-suggestion. Elsewhere, the attempt was made to replace suggestion by a rational procedure, calling upon the patient's will-power—"persuasion" (Dubois, 1904).

Indeed, it was now widely held that suggestion was directed towards that which is automatic, and therefore inferior, in the patient's personality. This view led naturally to the belief that the procedure was immoral and dangerous. Thus the climate of opinion had changed, and many physicians now refrained from practising suggestion. As Janet (1919), referring to Dubois, has trenchantly observed: "he is inclined to blush because he has himself had recourse to suggestion in the case of a child given to bed-wetting" (Vol. 1, p. 202).

Discussing the reasons for the decline of hypnotism, Janet (1919) implicated the undue confidence placed in the value of this form of treatment: applied as it was, indiscriminately and without regard for the subject's hypnotizability, it could not but produce some disappointing results. He added that, in the absence of a scientific psychology established and utilizable by medical men, the victory of the psychological school was short-lived (Vol. 1, pp. 203-207).

According to Jones (1923), the entire evolution which led from hypnosis to suggestion in the waking state, and thence to auto-suggestion, could be explained by the physician's not wishing to impose on his patient an affective (and indeed erotic) dependence upon himself (p. 383).

Be that as it may, and regardless of whether hypnosis or suggestion is concerned, the period here referred to was marked by a resurgence of the "resistantial" current already noted as a

feature of the late eighteenth century, and the moralizing language of the opponents of hypnosis is not without similarity to that used by Baily in his famous Secret Report.² Charcot, with all his authority and all his prestige, would seem to have created a reassuring atmosphere for hypnotism: he imparted to it a moral sanction and, with his physiological theory, endowed it with a scientific rationale. His death, and the consequent disappearance of his influence, may well have brought about the recurrence of the old anxieties.³

Freud and Hypnosis

It is now proposed to retrace briefly the steps by which Freud was led to his discovery. One must go back to the first opportunity he had to observe the erotic character that may be assumed by the psychotherapeutic relation. It was presented to him by Breuer's misadventure with Anna O in the course of treatment which included the use of hypnosis. Some new information on this episode has been provided by Jones (1953, pp. 246-247). Breuer had brought to an end the treatment of Anna O, because of his wife's jealousy, and, perhaps also, of his own feelings towards his patient. But Anna O, who was greatly attached to Breuer, was unable to bear this severance of the relationship, and the same day that it was announced to her (in June 1882), she developed a state of acute hysterical excitement, symbolizing the throes of childbirth, at the term of an imaginary pregnancy which had escaped the notice of her physician. The latter managed to calm his patient by hypnotizing her, but was so profoundly shocked that, the very next day, he and his wife left for Venice, as Jones expresses it, "to spend a second honeymoon".

This story came to Freud's knowledge on 18 November 1882, and he promptly passed it

on to his fiancée, Martha (letter of 19 November 1882). He reverted to the subject in another letter, on 31 October 1883⁴; he had no doubt learnt in the meantime some further details from numerous conversations with Breuer. On receiving this second letter, Martha at once identified herself with Breuer's wife, while expressing the hope that she would never find herself in the same predicament. Whereupon Freud replied that she had nothing to fear, because "for that to happen one has to be a Breuer". However one may choose to interpret these words, to which further reference will be made, it may be thought that Freud was sensitized by this event to the danger inherent in the psychotherapeutic relationship, in the only form that he knew at the time, namely, the hypnotic relation.

But what exactly, until then, had been Freud's contacts with hypnotism? While still a student, he had attended a public exhibition given by Hansen, the magnetist. Later, in the summer of 1885, he was to see hypnotherapy practised at Obersteiner's private sanatorium. Jones (1953, p. 259) believes that on occasion Freud may perhaps himself have tried his hand at hypnotism.

While he was in Paris, from October 1885 to February 1886, Freud attended numerous sessions of hypnotism at the Salpêtrière. On his return to Vienna, he set himself up in private practice on 25 April 1886. He lectured on hypnotism before the Physiological Club on 11 May, and again, on the same subject, before the Psychiatric Society on 27 May. But, however enthusiastically he may have spoken on hypnotism, it was not until December 1887 that he introduced it into his regular practice, and then only in the form of direct suggestion.

There are several possible explanations for Freud's attitude. In the first place, hypnotism

² Psychoanalysis subsequently inherited this moral reprobation, because of the importance which it attaches to sexuality.

³ Viewed in analogous perspective, one can understand why, in Russia, hypnotism declined far less than elsewhere. For in that country, hypnosis was never the object of moral reprobation. In this instance, it would appear to have been Pavlov who, with all his prestige, fulfilled the same role as Charcot, and that, similarly, hypnosis was sanctioned by his work and that of his School.

⁴ At first, i.e. in the twenties, psychoanalysis was received in Russia perhaps more liberally than in some other countries. It was at this period that a certain degree of sexual emancipation informed the country's social institutions: free unions, easy divorce, etc. During the thirties, a violent reaction, coincident with a wave of

moralism, was set off against psychoanalysis: the latter was now seen as an ideological product of bourgeois decadence. It was judged to be morally dangerous and was proscribed. The causes of this change of attitude are complex: the liberal policy of the twenties obviously could not dispel the resistances to psychoanalysis which must have operated in Russia as elsewhere, and for the same reasons; but from the very moment that the policy of the Soviet State took a different course, these resistances manifested themselves with increased force. Recently a discussion was opened, in the Soviet press, as to the rehabilitation of psychoanalysis (summary in Chertok, 1968b).

⁵ The letters here referred to do not appear in any of Freud's correspondence that has so far been published. Our knowledge of them depends solely on their mention by Jones (1953, pp. 247-248).

was late in penetrating into the German-speaking countries⁵ and, at the period under consideration, was always regarded there with suspicion. Since 1883, Freud had been working in a laboratory of cerebral anatomy under Meynert, a declared opponent of hypnotism, as also of Charcot's views on hysteria. When, on his return from Paris, Freud wished to propagate Charcot's ideas on hysteria, he incurred the hostility of his chief. His lectures on hypnotism put the finishing touch to the estrangement that had been developing between the two men, and finally Freud left the laboratory. It may be conceded that Freud's concern about his private practice—and it should not be forgotten that he was married in September 1886—restrained him from employing a procedure which had recently met with an extremely bad reception. He confined himself, therefore, to the use—very orthodox at that time—of electrotherapy. Jones (1953, p. 258) is surprised that Freud should so conform to accepted authority, when he was already acquainted with the far more promising method of catharsis. In explanation, Jones here adduces the more than reserved attitude towards the cathartic method evinced by Charcot when Freud had mentioned it to him in Paris. But this argument does not appear very convincing, in that, instead of electrotherapy, Freud could well have employed hypnosis in an elementary form. It is not inconceivable that unconscious resistances were also involved, and that, while championing the cause of hypnotism, Freud was loath to become personally involved in the relationship implicit in its practice. But when, in December 1887 he finally decided to practise

hypnotic suggestion, he showed considerable enthusiasm. In his own words,

there was something positively seductive in working with hypnotism. For the first time there was a sense of having overcome one's helplessness; and it was highly flattering to enjoy the reputation of being a miracle-worker (Freud, 1925a, p. 17).⁶

Freud waited eighteen months (from December 1887 to May 1889) before passing from hypnotic suggestion to Breuer's cathartic method.⁷

This reserve may perhaps be explained by the attitude that Charcot had adopted towards this method, but it is perhaps also attributable to the persistence of certain resistances on Freud's part. Possibly he feared that verbal communication under hypnosis might involve him too deeply, to the point where he would eventually find himself in a similar predicament to that which had previously confronted Breuer.

On the other hand, Freud had serious and rational motives for abandoning direct suggestion. The monotony of the procedure had before long begun to bore him. Furthermore, the procedure was leading to a troublesome situation: "Neither the doctor nor the patient," he wrote, "can tolerate indefinitely the contradiction between the decisive denial of the disorder in suggestion and the necessary recognition of it away from suggestion" (Jones, 1953, p. 263).

Finally, Freud sensed the importance of what was concealed behind the symptoms, and his scientific curiosity was stronger than such obstacles as might arise within him. The method which he was henceforth to employ, as he later

⁵ Although animal magnetism had originated in a Germanic country where, after first incurring disrepute in the late eighteenth century, it had eventually gained, in the Romantic period, a large number of adherents, scientific hypnotism nevertheless encountered there a strong opposition at the end of the nineteenth century. Thus, when Moll, subsequent to a visit to Charcot and Bernheim, reported on the French research to the Berlin Society of Medicine, at its meeting of 26 October 1887, at which Virchow presided, he was the object of acrimonious criticism on the part of his colleagues (Moll, 1888).

⁶ Freud's judgment on his attitude towards hypnosis at the period when he practised it, appears to have varied, since in 1909, in his *Five Lectures on Psychoanalysis*, he stated: "But I soon came to dislike hypnosis, for it was a temperamental and, one might almost say, a mystical ally" (1910, p. 22). It is possible that the trends in favour at this time may have influenced his statements: indeed, as we have seen, the year 1909 belongs in the period of the strong opposition to hypnosis which had manifested itself in medical circles from the time of Charcot's death. It is only after the 1914-1918 war that the rehabilitation of hypnosis began to take place, in consequence of the services it had rendered in

the treatment of the "war neuroses". In 1918 Freud, no doubt responsive to contemporary trends, no longer referred to his aversion for hypnosis: he even conceded that it would become possible "to alloy the pure gold of analysis with the copper of direct suggestion", and that a place might also, once again, be found for hypnotic influence (Freud, 1918, p. 168). In 1925 he spoke highly of the therapeutic value of the cathartic method, as used by Simmel in the German Army during the First World War (Freud, 1925a, p. 22).

⁷ Freud wrote later that, when embarking on the use of hypnosis, he had from the first employed Breuer's procedure. But this statement contradicts the passage in the *Studies on Hysteria*, where he said that the first case in which he employed it was that of Emmy von N in May 1889, i.e. eighteen months after he had begun to use hypnotism. Jones (1953, pp. 263-264), who notes this discrepancy, believes that, in his first use of verbal methods, Freud remained essentially on a superficial plane. The editors of the *Standard Edition of Freud's works* question the accuracy of the above-mentioned date, as there are some indications that this form of treatment may have been employed already in May, 1888. But they themselves admit that the point is by no means settled (Strachey, 1955).

stated, "also satisfied the curiosity of the physician, who, after all, had a right to learn something of the origin of the phenomenon which he was striving to remove" (Freud, 1925a, p. 19).

With the change of method there arose a technical difficulty. So long as he had limited his therapy to direct suggestion under hypnosis, Freud in all probability had not much concerned himself about the depth of the trance. But he was faced with this problem in an acute form when using the cathartic method, which requires a deep hypnotic state. Freud noticed that in practice he did not always succeed in inducing deep trances, and indeed that there were certain subjects whom he failed to hypnotize. This he ascribed at the time to the inadequacy of his technique, and with a view to perfecting the latter he decided, in July 1889 to go to Nancy together with a female patient in whom, as he stated, "her hypnosis had never reached the stage of somnambulism with amnesia" (Freud, 1925a, p. 18). Bernheim, as it happened, did not obtain any better results with this patient. And Freud added: "He frankly admitted to me that his great therapeutic successes by means of suggestion were only achieved in his hospital practice and not with his private patients" (*ibid.*).

The words here attributed to Bernheim certainly strike one as somewhat peculiar.⁸ It may indeed seem surprising that Bernheim should, at this particular period, have made a statement apparently detracting, however slightly, from the therapeutic value of suggestion. In a work published in 1886, entitled *De la Suggestion et de ses Applications à la Thérapeutique* (which Freud was to translate two years later), he had stressed the value of his method, by recording that, of a total of 105 cases treated in this way, 81 were completely, and 22 partially, cured. It is more likely that Bernheim merely questioned the possibility of inducing deep hypnosis on a large scale—an opinion which he was in fact to express before the Congress of Hypnotism, on 9 August 1889, i.e. only a few weeks after his meeting with Freud. As he then stated in his communication,

Amongst the hypnotized subjects, there are a certain number only (one-fifth to one-sixth of private

patients, four-fifths at least of the hospital population) who attain a deep sleep and do not remember anything on awakening (Bernheim, 1889, p. 79).

The emphasis placed in this way on the small proportion of subjects capable of attaining a state of deep hypnosis is certainly in accordance with the evolution of Bernheim's views, which, as we have seen, tended to favour suggestion in the waking state as compared with hypnosis.

It does indeed seem, therefore, that Freud distorted Bernheim's words. But at what moment, then, did this distortion occur? Was it simply a lapse in memory, which would be explained by the fact that he quoted these words in his *Autobiographical Study*, written in 1925, i.e. thirty-six years later? Or did Freud, at the actual time, interpret Bernheim's words in the way that best agreed with the orientation he had himself adopted? Having passed from direct suggestion to the cathartic method, Freud in fact showed a tendency, on one hand, to depreciate the former procedure, and on the other hand, with a view to applying the new method, to consider that deep hypnosis was widely practicable. To this it should be added that Freud, whose practice consisted solely of private patients, obviously preferred not to hear it said that in such patients deep hypnosis could be achieved only in a limited number of cases. Finally, it is possible that the distortion of the remarks made by Bernheim occurred *a posteriori*, at a time when any form of suggestion was depreciated in the eyes of Freud.

I have referred to the Congress of Hypnotism, which was held in Paris from 8th to 12th August 1889, with the participation of all the world authorities of the period. Freud had arrived in the French capital some days earlier, in the company of Bernheim and Liébeault. All three had been entered as members, not only of this Congress, but also of the First International Congress of Physiological Psychology, which was to take place from the 6th to the 10th August, and of which the most important section was devoted to hypnotism considered in its psychological aspects (whereas the Congress of Hypnotism was concerned only with its medical aspects).⁹

In spite of the great interest in hypnotism which he undoubtedly showed at this time,

the preceding year, the first of the two books in question.

⁸ It may be noted that Ernest Jones does not mention Freud's membership of the Congress of Physiological Psychology.

⁹ Jones (1953, p. 262) records another "curious" mistake in the same passage of the *Autobiographical Study*. Freud stated that, when in Nancy, he undertook to translate into German two of Bernheim's works. In actual fact, he had already published, in

Freud seems in fact to have preferred to tour Paris, rather than attend the sessions of the Congresses. Indeed, already on the evening of 9 August he was on his way back to Vienna.¹⁰

Freud's behaviour on this occasion seems somewhat paradoxical, if it is borne in mind that he was actively practising hypnosis, that he had not long since (in 1888) translated, and contributed a preface to, a book by Bernheim, and finally, that he had only recently (in 1889) written an appreciative review of Forel's work, *Der Hypnotismus*, which had just been published. He did not himself provide any explanation in this respect and it is only possible to formulate hypotheses. After his recent stay at the Nancy School, which had so much to impart, would Freud already have been thinking of embarking on some course other than hypnosis? It might also be that his lack of interest in the Congresses was linked with the person of Charcot. Charcot was Honorary President of the Congress of Hypnotism, as well as President of the Congress of Physiological Psychology. But in point of fact he was absent from Paris, and attended neither. (It was Ribot who delivered the inaugural address at the second of these Congresses.) It is possible that, because of the profound admiration which he felt for his teacher, Freud may have adopted a similar attitude.

In fact, Freud was to practise hypnosis continuously for a period of some five years, between 1887 and 1892. He then decided to restrict its use, and from 1896 he no longer employed it therapeutically, although occasionally resorting to it for experimental purposes. Why, then, did Freud abandon hypnosis? He reproached it with being unintelligible, with not being widely applicable, and especially, with screening from view the patient's resistances, the analysis of which constitutes the essential feature of psychotherapeutic intervention. All of these motives, of a conscious order, must have played their part. Lagache (1952) considers that the non-applicability of hypnosis on a large scale was the fundamental motive for Freud's decision, for, as he says, "if all the patients had been hypnotizable, there would have been no psychoanalysis" (p. 7). Jones (1953, p. 267), on his part, believes that

Freud's chief motive for discarding hypnosis was that this concealed the patient's resistances. It should be noted that the first explanations put forward by Freud himself refer to unhypnotizability. In his *Five Lectures on Psychoanalysis* (Freud, 1910 [1909]), after the passage already cited on his aversion for hypnosis, he wrote:

When I found that, in spite of all my efforts, I could not succeed in bringing more than a fraction of my patients into a hypnotic state, I determined to give up hypnosis . . . (p. 22).

It is difficult to apportion the degree of importance, respectively, between these several factors of a rational order, all of which appear to have been motivating factors which led Freud to discard hypnosis. But, in my opinion, there is equal reason to mention a factor of a different order, which not only, on his own admission, induced Freud to abandon hypnosis, but whose role would indeed seem to have been decisive in the discovery of the transference. The factor in question was the famous episode in which a female patient flung her arms about Freud. He himself described the scene in the following words:

. . . One day I had an experience which showed me in the crudest light what I had long suspected. It related to one of my most acquiescent patients, with whom hypnosis had enabled me to bring about the most marvellous results, and whom I was engaged in relieving of her suffering by tracing back her attacks of pain to their origins. As she woke up on one occasion, she threw her arms round my neck. . . . I was modest enough not to attribute the event to my own irresistible personal attraction, and I felt that I had now grasped the nature of the mysterious element that was at work behind hypnosis. In order to exclude it, or at all events to isolate it, it was necessary to abandon hypnosis (Freud, 1925a, p. 27).

Discovery of the Transference

From the moment Freud refused to admit that the behaviour of his female patient could be explained by his "irresistible personal attraction", he was, as it seems, envisaging the existence of a third figure, interposed between the patient and himself. This may justifiably be

¹⁰ The next day, as I have elsewhere recorded (Chertok, 1961), Bourru and Burot reported a case in which they had employed a therapeutic procedure very closely related to the cathartic method, comprising the recall of a memory and abreaction. Their work in fact served as a starting point for Janet, in developing his technique of

reviviscence of past emotional experiences. Had Freud been present, he could have given an account of the method of catharsis, and thus would the vexed question have been elucidated, as to who should be credited with first having conceived this procedure.

regarded as the starting point of the concept of transference.

It is unfortunately impossible to assign to any precise date the episode related above. The *Autobiographical Study* gives no information on this point. Apart from Freud's own description in that work, the only other available account of the event is that provided by Jones (1953, p. 275) in his biography of Freud.¹¹ According to Jones, Freud told the story about his own patient to Breuer, in order to reassure the latter on his misadventure with Anna O, employing to this end the arguments presently to be mentioned. For indeed Breuer, sensitized by this incident, had long been reluctant to concern himself any further with hysteria. "Some ten years later,"¹² says Jones (p. 248), Breuer called Freud into consultation over a hysterical patient; but, learning that her symptoms were the result of a fantasy of pregnancy, Breuer was unable to bear the recurrence of the old situation and without saying a word hurriedly left the house.

At this period, still according to Jones (p. 275), Freud kept trying to revive Breuer's interest in hysteria, and in particular, to induce him to publish the case history of Anna O. He was also gradually coming to realize that his friend's reluctance was connected with the incident which had brought the treatment to an end. This new evasion on Breuer's part must have confirmed him in this view. It was no doubt subsequently that he made to Breuer the reassuring statement already referred to—a statement which must have been made before 28 June 1892, in so far as, on this date (as is confirmed by Freud's letter to Fliess on the same day), Breuer had at last consented to cooperate with Freud in the publication of their work on hysteria. However, it may well be thought that Breuer's agreement was obtained not very long after Freud's reassuring statement. Freud's misadventure must, needless to say, be placed at an earlier date (albeit not prior to May 1889, at which time he started to practise the cathartic method).

If it is accepted that the concept of transference took root in Freud's mind on the

occasion of his personal adventure, it then appears that, at the time of his statement to Breuer, this idea had already undergone some degree of elaboration. Indeed, as Jones relates, Freud told his friend

of his own experience of a female patient suddenly flinging her arms round his neck in a transport of affection, and he explained to him his reasons for regarding such untoward occurrences as part of the transference phenomena characteristic of certain types of hysteria (1953, p. 275).

So far as the date of the actual discovery of the transference is concerned, we are now able, in consequence of the disclosure of two interesting facts in the recently published Volume I of the Standard Edition of Freud's works (Strachey, 1966), to place it closer to June, 1892, than had hitherto been possible. Strachey informs us that Freud's *Psychische Behandlung* (*Seelenbehandlung*) "Psychical (or Mental) Treatment" had been first published, not, as it was previously believed, in 1905 but in 1890.¹³ In addition, this same volume contains an article by Freud, "Hypnose" which had appeared in 1891 in Anton Bum's *Therapeutisches Lexikon* but passed unnoticed until it was rediscovered in 1963.

In neither of these works published respectively in 1890 and 1891, both of which deal with hypnosis, is there yet any mention of the word "transference". The discovery of the transference may, therefore, be placed between the date when the article of 1891 was written and that of 28 June 1892.

It is in fact probable that Freud's misadventure also occurred at some time subsequent to the publication of this article in which there is indeed no reference whatsoever to the erotic complications which hypnosis might present. In discussing the question, much debated at the period, of the *tête-à-tête* between the hypnotist and the hypnotized subject, Freud was more inclined to take his stand against the presence of a third person during the hypnotic sessions. In summary, it would appear that these several events, namely, the incident between Freud and

¹¹ In a personal communication, Anna Freud has assured me that there is no mention of the incident in any of her father's letters, published or unpublished.

¹² It is not clear from which precise event Jones derives this calculation. It may refer back either to the commencement of the treatment of Anna O considered as a whole, or to the terminal incident alone.

¹³ The date of publication hitherto assigned to the

"*Psychische Behandlung*" was 1905, i.e. that of the edition of *Die Gesundheit*—a collective handbook on medicine of a semi-popular character—in which this article was known to have appeared. It has only recently been discovered that in actual fact this date of 1905 refers to the third edition of this handbook. The first edition, which comprised the same text of Freud's contribution, had already appeared in 1890.

his female patient, the consultation with Breuer, and the reassuring statement he made to Breuer, all occurred in the above-mentioned interval of time.

Transference and the Therapist's Defence

The explanation of the behaviour of certain female patients as a manifestation of the transference, given by Freud to his friend, not only reassured the latter, but later, when the two authors were preparing together the *Studies on Hysteria*, led Breuer to say of the transference phenomenon: "I believe that this is the most important thing we two have to give to the world" (Freud, 1925b, p. 280).

In actual fact, the question of transference was dealt with somewhat briefly in that work, and then only by Freud. It was there considered only in the libidinal form, whereas, as is well known, the concept was subsequently extended far beyond its original limits. But, with regard to the subject under consideration, it is the concept of transference at the stage of the *Studies on Hysteria* (1895) which principally concerns us, inasmuch as it was then closest to its genesis. What form, then, did this concept assume at that time?

In Freud's own words,

The wish which was present was then, owing to the compulsion to associate which was dominant in her [the patient's] consciousness, linked to my person . . . ; and as the result of this *mésalliance*—which I describe as a "false connection"—the same effect was provoked which had forced the patient long before to repudiate this forbidden wish. Since I have discovered this, I have been able, whenever I have been similarly involved personally, to presume that a transference and a false connection have once more taken place. Strangely enough, the patient is deceived afresh every time this is repeated (1895, p. 303).

And Freud went on to emphasize that

the patients, too, gradually learnt to realize that in these transferences on to the figure of the physician it was a question of a compulsion and an illusion which melted away with the conclusion of the analysis (p. 304).

The interpersonal relationship is thus seen in a completely new light. It is not intended here to show the manifold uses of the transference so far as the patients are concerned, but to draw attention to its consequences as they have

affected the position of the physician. The latter no longer feels himself personally involved in consequence of the libidinal demands of a female patient, and he is able to maintain a certain detachment in his relationship to her, and to view with equanimity the process which unfolds before his eyes. Psychotherapists, who for a century had been consciously or unconsciously haunted by the possible erotic complications of the relationship, could henceforth feel reassured, just as Breuer had been by Freud's words. But, as already suggested, Freud himself would indeed seem to have found in the transference a means of defence against the potential erotic demands of his female patients, and perhaps against his own temptations. In an attempt to establish this point, it is proposed here to adduce in evidence some relevant biographical data.

Freud clearly felt a certain sympathy for hysterical patients and was kindly disposed towards them, in contrast to the general attitude of physicians of the period, which was unfavourable, if not indeed aggressive. One may mention in particular the excellent opinion which he had of Frau Emmy von N. Thus he wrote:

Dr. Breuer and I knew her pretty well and for a fairly long time, and we used to smile when we compared her character with the picture of the hysterical psyche which can be traced from early times through the writings and the opinions of medical men. . . . Frau Emmy von N. gave us an example of how hysteria is compatible with an unblemished character and a well-governed mode of life. The woman we came to know was an admirable one. The moral seriousness with which she viewed her duties, her intelligence and energy, which were no less than a man's, and her high degree of education and love of truth impressed both of us greatly; while her benevolent care for the welfare of all her dependents, her humility of mind and the refinement of her manners revealed her qualities as a true lady as well (Freud, 1895, pp. 103–104).

This appears to be a highly idealized portrait, and in fact, reverting many years later (in a footnote added in 1924) to the case of Frau von N., Freud referred, without comment, to the disagreements which opposed her to her two daughters, noting that she "had broken off relations with both her children and refused to assist them in their financial difficulties" (1895, p. 105).

Several motives may be assigned to this attitude of Freud's towards hysterics. As one of

Charcot's disciples, he no doubt shared his teacher's interest in hysteria, in contrast with the opinion current at the time, and especially widespread in German-speaking countries. Being in contact with hysterical subjects, Freud must in fact have sensed the importance that such female patients presented for his research, and have entertained in return a feeling of gratitude towards them. But it is moreover possible that Freud was attracted by certain qualities of femininity frequently encountered in female hysterics, and that he may on occasion have developed, in relation to the latter, what Jones (1953, p. 246), speaking of Breuer's feelings for Anna O, calls a "strong counter-transference".

As a man of principle, anxious to remain faithful even in mind to his fiancée, later his wife, Freud could not fail to mobilize a system of defences against the attractions to which he was sensible. We have seen that, in recalling Breuer's experience with Anna O, he had rejected the possibility of himself becoming the subject of a similar misadventure, on the grounds that he in no way possessed his friend's irresistible attraction. But it would seem that, in order to reassure himself, Freud went even further, to the point of developing for a certain time a completely blind spot with regard to the sexual factor in hysteria and in hypnosis.

We know that Freud was putting forward his idea of the sexual aetiology of the neuroses already in 1894-95, at which time he claimed it as entirely original. Thus he wrote in 1896:

... I will only remark that the singling out of the sexual factor in the aetiology of hysteria springs at least from no preconceived opinion on my part. The two investigators as whose pupil I began my studies of hysteria, Charcot and Breuer, were far

from having any such presupposition; in fact they had a personal disinclination to it which I originally shared (p. 199).

However, Freud himself denied, in 1914 (pp. 13-15), that his teachers had never spoken to him about the sexual character of hysteria. In fact he recorded three memories which had drawn his attention to this matter.

On the first occasion, about 1881-83, Breuer had told Freud that cases of neurosis were always to be explained by "*secrets d'alcôve*" (secrets of the marriage-bed). Later, in 1885, Freud had heard Charcot assert, with reference to a neurotic woman married to an impotent man: "*C'est toujours la chose génitale*". Finally, in the following year, when Freud was embarking on his medical career in Vienna, Chrobak had handed over to his care a female patient whose marriage had never been consummated, prescribing as sole remedy the repeated administration of "*penis normalis*".

Freud had been greatly astonished and even shocked by these various statements. And indeed, so as not to recall them to his mind, he had completely buried them in oblivion. It also seems likely that he suffered from a certain lapse of memory with regard to hypnosis, for it may well be doubted that so wide a reader as he, would not have been aware of Bailly's Report, as indeed of the writings of the magnetists of the nineteenth century, which had drawn sufficient attention to the potential existence of an erotic factor in hypnosis. The episode of Anna O had in fact provided him with a far closer example. In 1890, in the "*Psychische Behandlung*", Freud even touched upon the erotic element in the hypnotic relationship, albeit summarily and without unduly labouring the point.¹⁴ As he himself was later to state

¹⁴ Referring in this article to hypnotic hallucinations, he stated: "It may be remarked, by the way, that, outside hypnosis and in real life, credulity such as the subject has in relation to his hypnotist is shown only by the child towards his beloved parents, and that an attitude of similar subjection on the part of one person towards another has only one parallel, though a complete one—namely in certain love-relationships where there is extreme devotion. A combination of exclusive attachment and credulous obedience is in general among the characteristics of love" (Freud, 1890, p. 296).

The passage here quoted reveals two concepts which were subsequently to lead to important developments: the presence in hypnosis of a parent-child relationship containing in embryonic form the concept of the repetition in the present of a past experience; and the element of love in the hypnotic relation—a concept which, as we know, was later to be taken up again and elaborated by Freud, in his *Group Psychology* (1921). At the particular time in question, however, Freud had done no more

than put forward these ideas *incidentally*; he did not even mention them in his work on hypnotism, published one year later. These were, in any case, not original ideas, for they had already been expounded by other authors: the infantile regression of the hypnotized subject had been described in the era of animal magnetism, and the possible element of love in the hypnotic relationship was, as we have seen, recognized already from the end of the eighteenth century. Closer to Freud's own time, the love of the subject for the hypnotist had been described, in analogous terms to those used by Freud himself in the "*Psychische Behandlung*", by Binet (1888) in his *Etudes de Psychologie Expérimentale*. This author was certainly well known to Freud, since, in the *Studies on Hysteria* (1895, p. 7), he referred to another work by Binet (*Les Altérations de la Personnalité*, 1892), in which there was an account of a similar procedure to that employed by Breuer and Freud in their cathartic method. Indeed, as already stated, although there was towards the end of the nineteenth century no evidence of any general concern

(1925a), he "had long suspected" the presence of such an element in hypnosis, which would explain his diffidence about practising it at first. His scientific interests overcame his resistances, but only for a time: his mastery of them was in fact upset on the very day of the incident which has already been related, when Freud personally experienced the erotic potential that could be contained in the hypnotic relationship. From that time, his "suspicions" became certainties. The defences which he had hitherto employed were no longer adequate. In short, in spite of his foreknowledge, he had undergone the very same experiences as Breuer, without, however, attributing to himself the same "irresistible attraction" with which he had credited his friend. He now came to the conclusion, after this experience "*in vivo*", that the physician, whether "irresistible" or not, was not personally involved in this type of adventure, and that, consequently, the feelings evinced by a female patient must be intended for another than he. This was indeed the view that he expressed somewhat later to Breuer, when informing the latter of his own experience.

It would thus seem that it was on this occasion that the concept of transference took root in Freud's mind. It may perhaps be not unreasonable to suppose that the idea of the sexual aetiology of the neuroses had also occurred, or become clearer, to Freud at this very same time. Freud did not himself proffer any particular date in this respect, as he had done, for example, in the case of *The Interpretation of Dreams*. Nor is any date provided by Jones. It is, however, certain that the two discoveries were closely connected, as Freud was himself to record in 1914:

The fact of the emergence of the transference in its crudely sexual form, whether affectionate or hostile,

about the problems that might possibly be presented by interpersonal (and even erotic) relationships, the matter had nevertheless received the attention of several authors, including Binet, who wrote: "The magnetized subject is like a passionate lover for whom there exists nothing else in the world but the loved one" (1888, p. 249).

Be that as it may, Freud would seem subsequently to have entirely forgotten the ideas which he had expressed in the passage quoted above. The article itself (Freud, 1890) does not appear in Freud's *Gesammelte Schriften*, but only in the *Gesammelte Werke* which were published after his death: he must either have overlooked it, or else have regarded it as being of no interest. In fact, as he himself later recorded (1925a, p. 18), he had published "scarcely anything" between 1886 and 1891: the first work after 1886 to be mentioned by him was a monograph on cerebral paralyses in children, written in con-

in every treatment of a neurosis, although this is neither desired nor induced by either doctor or patient, has always seemed to me the most irrefragable proof that the source of the driving forces of neurosis lies in sexual life (p. 12).

Szasz (1963) has recently drawn attention to the value of the transference as a defence for the therapist. By way of example he mentions, as I have here, the instance of Breuer's being reassured by Freud's explanation. He sees in this precisely the occasion which permitted Freud to arrive at his discovery, without, however, explaining how this idea came to arise in Freud's mind. He emphasizes only that Freud, as observer and not as actor, happened to be in a position of scientific detachment: "I have tried to show," writes Szasz,

that because Anna O was not Freud's patient it was easier for him to assume an observing role toward her sexual communications than if they had been directed towards himself (p. 441).

One might no doubt conclude that the Breuer-Anna O episode had worried Freud, and caused him to reflect upon the role of the physician in relation to his female patient. But it is my opinion that the concept of transference arose in Freud's mind only at the time of his own misadventure, when, from his usual position of observer, he suddenly became the actor. For if, as Szasz asserts, the transference is to serve to "tame" the threat of the patient's eroticism, it is more probable that Freud conceived his idea in a case where the patient's sexual interest was directed to his own person.

Admittedly, in the absence of precise biographical data, every explanation must necessarily remain purely hypothetical. It is my view, however, that to ascribe particular significance to an actual experience, is to proffer an

junction with Oscar Rie and published in 1891. With regard to the love relationship in hypnosis, he did not mention, in his work of 1921, the fact that he had previously referred to it in the "*Psychische Behandlung*," and as to the parental role of the hypnotist, he credited one of his pupils with its discovery. Indeed, he stated that Ferenczi (1909) "has made the true discovery that when a hypnotist gives the command to sleep, which is often done at the beginning of hypnosis, he is putting himself in the place of the subject's parents" (Freud, 1921, p. 127).

These ideas, therefore, were but latent in Freud's mind. They remained, as it were, somewhat theoretical and did not appear to involve him personally. It was only in consequence of his misadventure that these concepts, hitherto dormant in his unconscious, were aroused—subsequently to provide material for the elaboration of the concept of transference, as also of his views on hypnosis.

explanation which falls into line with psycho-analytical epistemology. Was it not indeed in his famous dream known as "Irma's injection", on the historical data of 24 July 1895, that Freud found confirmation of the idea that the fulfilment of a hidden wish is the essence of a dream?

While it was through his practice of hypnosis that Freud came to conceive the idea of transference, he none the less decided immediately afterwards to abandon the use of hypnotism. It is legitimate to ask why he did so. The transference should have reassured Freud, constituting as it does a superior defence for the therapist. But on the other hand, it had the disadvantage of presenting an obstacle to treatment, a resistance to the recovery of memories, as he was to state in his *Studies on Hysteria*, in 1895: whence his decision. However, in elaborating his new technique, it was not long before Freud again encountered the transference. Although this surprised him, he then knew how to convert the obstacle into an instrument—the analysis of resistances and of the transference constituting, as is well known, the corner-stone of analytical technique.

Love and Transference

It cannot be denied that the concept of transference still presents a large number of obscure points. In his well-known paper on "The problem of the transference", Lagache (1952) has set forth the many divergent opinions which divide the various writers on this subject. Macalpine (1950), on her part, has drawn particular attention to our lack of knowledge as to the mode of production of the transference. More recently, in the article already mentioned and to which further reference will be made, Szasz (1963) has undertaken a critical survey of the different definitions of the transference.

It is not proposed here to examine all the questions that still remain unsettled. However, since it is the genesis of the concept of transference with which we are here concerned—in the context, therefore, of the period when the transference was known solely in its libidinal form—it would seem desirable to consider in somewhat greater detail the much debated question of transference-love.

Love in hypnosis is regarded as paradigmatic of transference-love. But Freud's meaning, when in 1925 he spoke of "the mysterious element that was at work behind hypnotism" (1925a, p. 27), is far from clear. In the first place, the meaning of the German word, "*mystisch*", as here employed by Freud, is ambiguous. It may have not only a religious connotation, but also a wider meaning of "hidden, inexplicable, obscure", etc. (as is indeed the case of the related words in English)—and in fact it has been variously rendered, in the English translation of Freud's works (Standard Edition), sometimes by "mysterious" (e.g. 1921, p. 115; 1925a, p. 27) and sometimes by "mystical" (e.g. 1909, p. 22), according to the context. It may be assumed that both interpretations coexisted in Freud's mind, and that, in describing as "*mystisch*" the transference-love in hypnosis, he wished to emphasize at the same time the unusual as well as the idealistic aspects involved. Already in 1921 he wrote:

The hypnotic relation is the unlimited devotion of someone in love, but with sexual satisfaction excluded (Freud, 1921, p. 115).

He added that hypnosis

exhibits some features which are not met by the rational explanation we have hitherto given of it as a state of being in love, with the directly sexual trends excluded. There is still a great deal in it which we must recognize as unexplained and mysterious (*ibid.*).¹⁵

When Freud later came once again to encounter transference-love in the course of analysis, he still invested it with the same impersonal quality and integrity, as in the case of hypnosis. As he was to state in 1915, in his "Observations on Transference-Love",

the patient's falling in love is induced by the analytic situation and is not to be attributed to the charms of his [the physician's] own person (pp. 160-1).

Here also, the therapist must exclude the physical aspect of this love. Thus does he find himself doubly insured against the erotic potential of the relationship: the patient's love is not directed towards him, nor is it in danger of

sonally experienced, when a patient had thrown her arms round his neck, clearly showed that she was in fact seeking physical gratification.

¹⁵ This assertion, which defines the love relationship in hypnosis as a "platonic" love, is not altogether convincing. Freud should himself have realized that this is not always so, since the situation which he had per-

leading to physical gratification. It will be seen how Freud, who was accused of propagating a "pansexualism", had in fact taken increasing precautions, in order not to have to resist any such temptations, and to preserve his integrity.

In the same paper, Freud attempted to establish a difference between "genuine love" and "transference-love", although he did not arrive at any very clear-cut conclusions. First, after having specified that transference-love "consists of new editions of old traits and that it repeats infantile reactions" (1915, p. 168), he added that "this is the essential character of every state of being in love" and "there is no such state which does not reproduce infantile prototypes" (*ibid.*). He was consequently led to admit that "we have no right to dispute that the state of being in love which makes its appearance in the course of analytic treatment has the character of a 'genuine' love" (*ibid.*). He nevertheless noted that transference-love is characterized by certain specific features, and in particular, "is lacking to a high degree in a regard for reality" (pp. 168-9), a fact which would differentiate it from "normal love". But, thereupon, he immediately added: "We should not forget, however, that these departures from the norm constitute precisely what is essential about being in love" (p. 169).

It is perhaps because of the impossibility of distinguishing between what is, and what is not, "real" in transference-love, that Freud advised, not without wisdom, that a patient be not shown out of hand the illusory nature of her love for the physician. For it is above all important not to send back into repression once more the impulses which had been brought out into consciousness.

Szasz (1963), in the previously mentioned article, has emphasized the complexities of the problem. The distinction between what is attributable, respectively, to reality and unreality, is very largely a matter of evaluative judgments on the part of the two persons involved; but the analyst's judgment and the patient's experience are not necessarily concordant. There is, generally speaking, no sure way of ascertaining whose impression, of the two, more closely approximates to reality.

David (1966) has recently published an interesting paper, entitled "Metapsychological reflections upon the state of being in love". In considering in general terms the condition of being in love, he was himself similarly led to the investigation of the above stated problem. He

asks himself whether, in regarding love as essentially based on a "repetition of infantile reactions", we are not thereby reduced to adopting a somewhat simplified approach to the question. He very brilliantly sets about demonstrating that genuine love comprises aspects that are outside the transference relationship and not subject to repetition, and trends that are not regressive, but progressive. He writes:

The state of being in love represents a rebirth, not merely a repetition, and as it were, the transposed melody of a forgotten experience (p. 217).

With regard to love, he places emphasis on

innovation and not on repetition, on synthesis and not on dissociation (p. 218).

It is not proposed here to discuss the general views expounded by David. If one allows, as he does, that there is a distinct difference between the two kinds of love, it may well be asked by what criteria it will be possible to assign to one or the other of these the love that the patient in analysis or the hypnotized patient entertains for her physician. David provides no answer to this question. Indeed, some degree of confusion is liable to arise in the mind of the reader, from the fact that, in dealing with the phenomenological description of the state of being in love, David takes as a model the love occurring in hypnosis, i.e. precisely that type of love which is otherwise regarded as the pre-eminent example of transference-love.

It may well be asked whether this confusion might not be attributable to the procedure which consists in seeking to explain love from the starting point of hypnosis. Indeed, David believes, together with Freud, that "it would be more to the point to explain being in love by means of hypnosis than the other way round" (Freud, 1921, p. 114). But such a method, by which it is attempted to explain one mysterious phenomenon by another that is equally so, could not possibly, in my opinion, lead to any satisfactory results; for, as will presently be seen, the two phenomena in question require different modes of investigation.

Furthermore, Freud's conception of hypnosis, at the period of id-psychology, has evolved in the hands of those who succeeded him, and in particular, amongst the adherents of ego psychology. It is not proposed here to consider

at any length the ego psychological theory of hypnosis expounded in the writings of Gill and Brenman (1959). Suffice it to say that, in order to explain hypnosis, we should not restrict ourselves to research work in the instinctual field only, but rather should we pursue other lines of investigation in the somatic, "sensorimotor" field (Kubie and Margolin, 1944). According to Gill and Brenman (1959),

hypnosis is a particular kind of regressive process which may be initiated either by sensorimotor-ideational deprivation or by the stimulation of an archaic relationship to the hypnotist (pp. xix-xx).

The actual role of the transference is itself the subject of controversy, being variously evaluated by different authors. Whereas for Gill and Brenman it still constitutes an integral part of the hypnotic process, Kubie (1961) regards the transference, as also regression, as epiphenomena—the consequence and not the cause of the hypnotic state. Indeed, it is Kubie's opinion that, from the psychological point of view, there is no feature that is specific to hypnosis. Its specificity would then be situated above all in a psychophysiological setting; and, therefore, the solution of the enigma must needs be sought in a psychophysiological elucidation (the "mysterious leap"). As to love, its particular mysterious character requires to be studied on a purely psychological, instinctual plane. (Obviously, the physiological aspect of physical love is not taken into consideration here.) Thus, the state of hypnosis and that of being in love are two specific states of consciousness. While factors of transference may come into play in the one as in the other state, the essential nature of each of these states does not lie on an identical plane, and in order to explain them respectively, one should employ different methods of research. Assuming that certain aspects of both love and hypnosis may lie outside the transference situation, hypnosis itself may present, in addition, some aspects extrinsic to interpersonal relations. However that may be, the hypnotic relation is not necessarily "the unlimited devotion of someone in love"; the hypnotic relationship is no longer regarded, as formerly, above all as a passive, masochistic surrender on the part of the subject. An English psychoanalyst, Stewart (1963), in fact considers that the hypnotized subject at the same time both loves and hates the hypnotist, and that it

is his hostility which constitutes the most important aspect of the situation.

Whatever the diverse hypotheses that are put forward, love no longer appears as an essential component of hypnosis. The nature of the hypnotic state remains unknown. No doubt, an induced regressive state is involved, in the course of which there may emerge infantile emotional reactions of all kinds, both libidinal and aggressive, which have a repetitive, transference character. The same situation is to be found in the analytical relationship. As stated by Macalpine (1950),

analytic transference manifestations are a slow motion picture of hypnotic transference manifestations: they take some time to develop, unfold slowly and gradually, and not all at once as in hypnosis (p. 519).

Moreover, it must not be forgotten that, in analysis as in hypnosis (and even more so in hypnosis, because of a usually closer proximity), there also exists a real encounter between two persons, sometimes of opposite sex, and as Bailly (1784) had already observed: "... Whatever the illness may be, it does not deprive us of our sex" (p. 4). Thus the part of the "real" and that of the "unreal", of the "present" and of the "past", are closely intermingled, and the problem of the true nature of transference-love is inextricable.

Conclusions

At the time when Freud embarked on his career, a current of resistance to any personal involvement was manifesting itself with quite particular force in medical circles. The "magnetists", of naturalistic tendency, had been succeeded in the second half of the nineteenth century by the "hypnotists", who were imbued with positivism, and thereby little disposed to pay any attention to emotional considerations. The psychological aspects of the doctor-patient relationship were expressed in physiological terms. Freud's teachers, Breuer, Charcot, and Bernheim, who supplied so many indices for his future discoveries, did not, however, provide him with the necessary data for the understanding of the true nature of this relationship. And still less were these provided by the Helmholtz School, whose influence on Freud has been so greatly emphasized and is now, once again, the subject of investigation in the United States.

In these circumstances, Freud could not but experience strong resistances to being personally involved. In fact, at first he was engaged principally in neuro-anatomical research, and did not come very much into contact with patients. Subsequently, after the period of indecision that has been mentioned in this paper, he began to practise hypnosis. He was henceforth involved in an affective relationship with his female patients, which, he suspected, might assume an erotic character; but he was not to obtain confirmation of this suspicion until he personally came to experience the effects of a female patient's eroticism. He then found himself in a similar situation to that which his teacher and friend, Breuer, had known in the case of Anna O. He reacted, however, quite differently: while Breuer had given way to a veritable panic, Freud, on his part, maintained his equanimity and continued to treat hysterical patients. He had the courage to become involved in a problem which, already for a century, had always been more or less evaded.

It may well be thought that the solution which he found was destined to allay his anxieties, inasmuch as, with the concept of transference, the emotional demands of the patient could be diverted from the physician to a substitute. Moreover, it should be added that, at the time when it arose in Freud's mind, the idea of the transference could have been, as it were, in only a nebular state, and could not, therefore, constitute a complete system of defence. Freud's greatness resided in his realization of the considerable scientific advantage which could be derived from this embryonic idea, and from pursuing his research with a view to completing its elaboration.

His discovery would seem to mark a turning-point in the history of psychology. Psychology, together with positivism, had adopted a resolutely "objectivist" orientation, and Auguste Comte appeared to have definitively condemned introspection. However, on the occasion of his misadventure with his female patient, Freud personally sensed the importance of affective factors; by facing the situation instead of evading it, he came to find himself in the position of a subject for investigation, and to fulfil at the same time the role of observer and that of subject. It is possible to see here the inception of an attitude which was subsequently to find

its full expression in Freud's self-analysis: it was then that he examined the deep currents of his personality, which, in my opinion, had been set in motion by the shock which he experienced at the time of his adventure.

Although I believe that the discovery of the transference had its origin in Freud's personal misadventure, I would not deny that there still remain many obscure points in the interpretation of this episode. In particular, it is by no means certain that the feelings evinced towards Freud by his female patient were not in fact directed towards him personally. All the more might this be so, in that he allowed himself at this time an appreciable physical proximity to his female patients, as massage entered into his therapeutic practice. The procedures of hypnosis themselves, at that period, involved a more frequent use of direct contact than occurs in the techniques employed today¹⁶ (from the very fact that the currents of transference were still unknown). It is, therefore, not impossible that Freud's female patient was erotically aroused by direct physical excitation, instead of being brought through hypnosis to a regressive state that would be favourable to the emergence of transference feelings.

All things considered, it is not inconceivable that Freud may, in his own case, have arrived at a wrong interpretation which would have led him, paradoxically, to a most productive discovery. Was it not, indeed, another such error of judgment which placed him within reach of other discoveries? Was it not his credulity before the assertions of his female patients, who purported to have been seduced by their own father, that put him on the track of his theories of psychical reality, infantile sexuality, and the Oedipus complex? The history of science would no doubt supply other examples of this process.

This difficulty of interpretation, in addition to others which have already been noted, compels recognition of the fact that the concept of transference is far from being theoretically elucidated. The latter constitutes none the less an operational concept of first importance, a fact which makes it the very king-pin of the treatment. And indeed there are not lacking other scientific concepts, still theoretically obscure, whose practical effectiveness is incontestable.

Lengthy research is yet required before we

¹⁶ We know from the article, "*Psychische Behandlung*" (1890), that for the induction of hypnosis Freud sometimes made use of passes at a short distance from the

patient's face or body. In "*Hypnose*" (1891) he referred to a similar technique of passes which he employed to obtain a deeper trance state.

can arrive at a complete explanation of the transference. Insofar as the knowledge of the genesis of an idea may help us to understand it, the present paper is proffered as a modest contribution to that end. It is an attempt at an epistemological interpretation, which is based upon the study of unconscious motivations. In view of the scarcity of incontrovertible data, the present conclusions cannot pretend to any definitive status. I believe, however, that, in applying to Freud himself the instrument of research which he bequeathed to us, the most appropriate method for an investigation such as this has here been employed.

Summary

The precise date and the circumstances of the discovery of the transference have not yet been clearly determined. I have attempted to throw light upon the problem by examining the unconscious motivations which may have been operative in this discovery, by putting the discovery back into historical perspective, and by making use of the available biographical data concerning Freud.

From the inception, in the late eighteenth century, of the experimental study of the psychotherapeutic relationship, the interest of the investigators had been aroused by the erotic

complications which were liable to arise between the physician and his female patients. As a result, the writers of the nineteenth century had shown a strong resistance to interpersonal involvement, as also to the study of any affective relationship whatsoever between therapist and patient.

Breuer, the victim of an incident of erotic character in the course of treatment, had fled before the danger and abandoned his research on hysteria in general. Freud, placed in a similar predicament, confronted the situation. He found a method of defence, which consisted in the belief that the patient was establishing a "false connection", and that her emotional demands were not directed to him personally, but to some person belonging to the patient's more remote past. It is thus that his concern for his own protection led him to a most productive discovery—that of the transference. This interpretation of his patient's feelings was in fact quite possibly erroneous: to this day, we are still lacking in reliable criteria which would enable us to distinguish between "genuine love" and "transference-love"; but it none the less put Freud on the right track, through a paradoxical process, of which, moreover, other examples are to be found in the history of science.

REFERENCES

- BACHELARD, G. (1965). *La Formation de l'Esprit Scientifique*. 4th ed. (Paris: Vrin.)
- BALLY, J. S., et al. (1784). Secret Report on Mesmerism or Animal Magnetism [English transl. of: Rapport Secret sur le Magnétisme Animal]. In: *The Nature of Hypnosis: Selected Basic Readings*, ed. Shor and Orne. (New York: Holt, Rinehart and Winston, 1965.)
- BERNHEIM, H. (1884). *De la Suggestion dans l'Etat Hypnotique et dans l'Etat de Veille*. (Paris: Doin.)
- (1886). *Hypnosis and Suggestion in Psychotherapy*. (New York: Univ. Books, 1963.)
- (1889). "Valeur relative de divers procédés destinés à provoquer l'hypnose et à augmenter la suggestibilité au point de vue thérapeutique." In: *Premier Congrès International de l'Hypnotisme Expérimental et Thérapeutique*. (Paris: Doin.)
- BINET, A. (1888). *Etudes de Psychologie Expérimentale*. (Paris: Doin.)
- (1892). *Les Altérations de la Personnalité*. (Paris: Alcan.)
- BRAID, J. (1843). *Neurypnology: or the Rationale of Nervous Sleep*. (London: John Churchill.)
- CHERTOK, L. (1961). "On the discovery of the cathartic method." *Int. J. Psycho-Anal.*, 42.
- CHERTOK, L. (1967). "Theory of hypnosis since the First International Congress, 1889." *Amer. J. Psychother.*, 21.
- (1968a). "From suggestion to metapsychology: Centenary of the publication of Liébeault's 'Du Sommeil et des Etats Analogues'". *Brit. J. med. Psychol.*, 41.
- (1968b) "La medecine psychosomatique à l'Est et à l'Ouest." *Presse med.* 76.
- DAVID, C. (1966). "Réflexions métapsychologiques concernant l'état amoureux." *Rev. franç. Psychanal.*, 30.
- DELEUZE, J. P. F. (1825). *Instructions Pratiques sur le Magnétisme Animal*. (Paris: Dentu.)
- DUBOIS, P. (1904). *The Psychic Treatment of Nervous Disorders* (transl. and ed. by S. E. Jelliffe and W. A. White). 5th ed. (New York and London: Funk and Wagnalls, 1908.)
- FERENCZI, S. (1909). "Introjection and transference." In: *First Contributions to Psycho-Analysis*. (London: Hogarth, 1952.)
- FREUD, S. (1889). Review of August Forel's *Hypnotism*. *S.E.*, 1.

- FREUD, S. (1890). "Psychical (or Mental) Treatment." *S.E.*, 7.
 — (1891). "Hypnosis." *S.E.*, 1.
 — (with BREUER, J.) (1895). *Studies on Hysteria*. *S.E.*, 2.
 — (1896). "The aetiology of hysteria." *S.E.*, 3.
 — (1900). *The Interpretation of Dreams*. *S.E.*, 4-5.
 — (1910). *Five Lectures on Psycho-Analysis*. *S.E.*, 11.
 — (1914). "On the history of the psychoanalytic movement." *S.E.*, 14.
 — (1915). "Observations on transference-love (Further recommendations on the technique of psycho-analysis, III)." *S.E.*, 12.
 — (1918). "Lines of advance in psychoanalytic therapy." *S.E.*, 17.
 — (1921). *Group Psychology and the Analysis of the Ego*. *S.E.*, 18.
 — (1925a). *An Autobiographical Study*. *S.E.*, 20.
 — (1925b). "Josef Breuer." *S.E.*, 19.
 GILL, M. M., and BRENNAN, M. (1959). *Hypnosis and Related States*. (New York: Int. Univ. Press.)
 JANET, P. (1919). *Psychological Healing: A Historical and Clinical Study*. (London: Allen and Unwin; 2 vols.; 1925.)
 JONES, E. (1923). "The nature of auto-suggestion." In: *Papers on Psycho-Analysis*, 3rd ed. (London: Baillière, 1925.)
 — (1953). *Sigmund Freud: Life and Work*. Vol. 1. (London: Hogarth.)
 KUBIE, L. S. (1961). "Hypnotism: a focus for psychophysiological and psychoanalytic investigations." *Arch. general Psychiat.*, 4.
 KUBIE, L. S., and MARGOLIN, S. (1944). "The process of hypnotism and the nature of the hypnotic state." *Amer. J. Psychiat.*, 100.
 LAGACHE, D. (1952). "Le problème du transfert." *Rev. franç. Psychanal.*, 16.
 LIÉBEAULT, A. A. (1866). *Du Sommeil et des Etats Analogues*. (Paris: Masson.)
 MACALPINE, I. (1950). "The development of the transference." *Psychoanal. Quart.*, 19.
 MESMER, F. A. (1781). *Précis Historique des Faits relatifs au Magnétisme Animal*. (London.)
 MOLL, A. (1888). "De l'hypnotisme." *Rev. Hypnotisme*, 2.
 PUYSEGUR, A. M. J. DE (1784). *Mémoires pour servir à l'Histoire et à l'Etablissement du Magnétisme Animal*. (Paris.)
 — (1785). *Suite des Mémoires pour servir à l'Histoire et à l'Etablissement du Magnétisme Animal*. (London.)
 SAUSSURE, R. DE (1943). "Transference and animal magnetism." *Psychoanal. Quart.*, 12.
 STEWART, H. (1963). "A comment on the psychodynamics of the hypnotic state." *Int. J. Psycho-Anal.*, 44.
 STRACHEY, J. (1955). "The chronology of the case of Frau Emmy von N." *S.E.*, 2.
 — (1966). "Editor's Introduction to [Freud's] papers on hypnotism and suggestion." *S.E.*, 1.
 SZASZ, T. S. (1963). "The concept of transference." *Int. J. Psycho-Anal.*, 44.
 VILLERS, C. DE (1787). *Le Magnétiseur Amoureux*. (Geneva.)
 VIREY, J. J. (1818). *Examen Impartial de la Médecine Magnétique*. (Paris: Panckoucke.)

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DISCUSSION OF CHERTOK'S PAPER¹

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In an informal discussion of Chertok's significant historical paper, it seemed important to me to bring out some additional supplemental facts. They derive from some lectures I have given to residents in psychiatry who need an orientation regarding the tradition with which Freud broke in making the transition from hypnosis to psychoanalysis. I shall (freely) quote from a motion picture documentary which I called

Centenaries of '84, Four Centuries of Psychotherapy before Freud (1966).

"Freud's activities as the translator of Charcot and of Bernheim from French to German provide us with the documentation which helps us to understand both the continuity and break with the prior century of clinical tradition more especially that of hypnosis and its precursor, Animal Magnetism. You may recall that Bern-

¹ Given at the 55th Annual Meeting of the American Psychoanalytic Assoc., May 1968, Boston.

heim published his book *Hypnosis and Suggestion* in 1884, and within five years it was translated into English by Christian Herter, and into German by Freud. In Chapter VII of that volume is a succinct historical sketch of Mesmer's contribution with references to other works that were probably available to him. Working in that area I have noted that in upwards of one hundred volumes, never translated into English, lies a rather clear account of repetitive *transference* cures as we would call them today. These were performed by non-verbal magnetizers who were the heirs of the miracle cures of the prior two centuries under religious aegis. The central theme brought out by Chertok, i.e. Freud's giving up both physical contact (hands on forehead) and peremptory therapy, hypnosis, even had its eighteenth century precursors.

You may recall that when Louis XVI appointed the Royal Commissions of Medics and of Scientists, it was the work of Deslon, Mesmer's disciple and not directly that of Mesmer that was examined in the Secret report

alluded to. Elsewhere (see above) I have described in detail the split between Mesmer and Deslon over the question of physical contact which Deslon and his followers adhered to in situations where it was conceivable that seduction might occur. Deslon denied that any physician would go beyond the confines of his professional role. In Mesmer's "transference" cures with magnetic passes at a distance, such contact did not even occur. Commensurate with the studies of hysteria of the era, and of Bernheim's hypnosis the latter used the term "transfert", as nearly as I can tell in the sense of displacement of symptoms. The word is not further translated from the French. (Chertok agrees that this probably was not meant in the sense of transference to an object.)

The First International Congress on hypnosis carried in its proceedings a roster of participants and both Freud and William James are listed. The origins of psychosomatic phenomena were a major preoccupation of some of the other participants.

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ON DRUG DEPENDENCE: CLINICAL APPRAISALS OF THE PREDICAMENTS OF HABITUATION AND ADDICTION TO DRUGS

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The term drug dependence was adopted by the World Health Organization in 1964 in the awareness that abuse and habituation to drugs call for attention as much as the more severe addictions which can still be considered a minor problem, at least in the statistical sense.

Psychoanalysts have contributed extensively to the understanding of the psychopathology of drug addictions but are reluctant to engage in their treatment, not only because it often leads to disappointment but also because they are aware of their inability to deal with the social implications and complications pertaining to such cases. On the other hand, social psychiatrists cannot cope with the time-consuming demands arising from the severe intra-psychic disturbance presented by the patients and by necessity they concentrate on general management. Drug-dependent individuals therefore can be considered the unwanted children of psychiatry and psychoanalysis and it is understandable that transference and countertransference difficulties aggravate the psychopathology which not infrequently is to be traced back to early states of deprivation and abnormal dependency needs. It is also essential that we should not lose sight of the fact that the physiological and psychological action of addictive drugs is seldom fully understood. It is also quite easy to forget that in treating drug-dependent subjects we are negotiating from a position of weakness from the outset. The cleverest psychoanalyst cannot match the power of marihuana in relieving anxiety, with the same degree of constancy, even if only temporarily. Furthermore, it is undeniable that the psychoanalyst in his daily practice is now frequently confronted with the casual taking of drugs and the occurrence of habituation to stimulants, tranquillizers and the hallucinogens. In this paper it is proposed to explore and describe: (i) the predicaments resulting from the abuse and habituation to certain hallucinogens (LSD and marihuana), (ii)

their potentially addictive qualities, (iii) the role of the therapist in the challenging situation of the specific resistances related to the taking of hallucinogens and the early appearance of material of a quality and fluidity usually reserved for the later stages of an analysis.

LSD-25 (Lysergic Acid Diethylamide) is a colourless, odourless substance which is taken orally, usually on a lump of sugar. Occasionally, but only for research purposes, it is administered by injection. 1/700 millionth of body-weight of an average man or 25 micrograms is capable of producing physiological and psychological changes. One hundred micrograms represents the average dose taken by the casual mind-explorer. Subjects with psychological disturbances tend to take higher doses. Five hundred micrograms can be regarded as a very high dose. The drug was first produced by Sandoz (Switzerland) in 1938. A new substance with similar properties but several times more potent has just been produced. Unauthorised possession is a criminal offence. As the drug is produced without much difficulty with limited laboratory facilities, black market supplies are immense.

LSD may affect literally every function of the body and mind. Brief mention of the most notable responses will be made in the presentation of the individual case histories. Those who are interested should consult Masters' and Houston's work: *Varieties of Psychedelic Experience* (1966), generally acknowledged as a reliable source of information on this complex subject.

With regard to the therapeutic qualities of psychedelic drugs, as well as their capacity to cause profound and lasting changes in personality, character and emotional directions in "normal" individuals, neurotics, psychotics, alcoholics, criminals, etc., extraordinary claims have been made often as a result of one single psychedelic "trip".

Cannabis resin is the plant from which hashish and marihuana are derived. Its use, known for

thousands of years, is mostly periodic and is not accompanied by tolerance. Little is known about the long-term effects of the drug but it has been said that those who use it do not normally come to the attention of a physician unless they have some other illness (Beverley, 1965). The capacity of cannabis to reduce anxiety is generally acknowledged and when used to excess it leads to lethargy and apathy. This is the main argument on which statements are made to the effect that cannabis does not lead to increased aggressiveness or criminal behaviour (Moraes, 1964). It is not often realized that although it releases some inhibitions it can in fact decrease sexual desire and performance. Ego distortions and disturbances of perception are common occurrences.

Experienced workers are inclined to regard hallucinogens as non-addictive. This is of course true insofar as withdrawal symptoms are non-existent and there is seldom the urgency to obtain the drug, noted in other addictions. Some degree of dependence, on the other hand, is known to occur. Masters and Houston (1966) for instance quote at length the case of a University man addicted to LSD and refer scathingly to the repeated and compulsive LSD taking by large numbers of young people for no other purpose than keeping up their euphoria. This has also been my impression in the cases I have observed but it seems necessary to add that the euphoria is in fact part of the manic defence against the persecutory anxieties released by the drug. There is some evidence that such anxieties can be relieved either by further "trips" or by taking other drugs such as cannabis, and to a lesser extent amphetamines.

It is perhaps not a coincidence that cannabis users also experiment with LSD more than do other subjects but our present knowledge does not allow us to say anything more than that the use of one drug leads to or increases the need for the other.

These preliminary remarks would not be complete without some mention of the social setting which acts both as the background and reinforcing agency towards the indiscriminate use of drugs. There is perhaps nothing in the U.K. comparable to the Drug Movement in existence in the U.S.A. But something of a drug cult with the backing of cultural organizations and its own weekly publications is beyond doubt taking shape. A paragraph from one such weekly to be bought in London streets in December last is perhaps indicative of this. It reads:

The Government must be made aware of the danger of creating a criminal class of otherwise law abiding citizens by their present policies towards hallucinogenic drugs (*International Times*).

It is well known that hallucinogens are particularly popular with University students, "intellectuals", writers, painters, and musicians, but there are signs suggesting that such social groups are not containing the spreading of the cult. My experience at the Portman Clinic in London indicates that less sophisticated social groups are caught up in the cult. Some time ago the greatest problem amongst teenagers was the increasing tendency to use stimulants such as amphetamines or tranquillizers, but recently it is not unusual for a teenager or young adult, irrespective of social class, to "smoke pot" regularly and to go on a "trip" occasionally. There is of course considerable glamour attached to the daring and adventure of a psychedelic journey and the exciting secrecy of smoking parties. It should also be stressed here that there is some doubt whether we have a complete and accurate picture of the problem. At the recent Edinburgh Congress for Child Psychiatry and Allied Professions it was noted that the drug-taking problem is international and that there are only two sorts of country, those who have recognized the problem and those who have not. A contributor from London, Chapple (1967) is reported as stating that

there was a refusal to face up to the problem not only in the U.K. but elsewhere, and that the attitude to drugs is now like the Victorian attitude to sex, one of covering up.

To this I would add that in recent times, young people, having won comparative sexual freedom from their elders, are showing signs of considering sex a rather over-rated pastime; at the most they treat it casually. Their need to challenge authority has found new expression in the abuse of drugs which are disapproved by the Establishment. Group feelings are inevitably reinforced by the idea of fighting authority, and as the "in" feeling increases so does the sense of isolation. It becomes particularly difficult for young people to turn to others for help when things go wrong. Should they go as far as arranging to see a psychiatrist they will approach the interview with mixed feelings ranging from suspicion and expectation of disapproval to hope of being able to be understood and communicate at an almost extra-sensory perception level.

Clues that a patient is on drugs are hard to come by at times and the appearance of psychotic-like symptomatology can mask the real picture.

The following case reports are fairly typical examples of the predicaments attached to drug dependence, and in my opinion are representative of a contemporary social situation.

Case History I—IAN

Ian is a 21-year-old young man, of high intelligence, who has been in psychoanalysis for over a year. He was referred for treatment on account of depression, inability to study or work, general apathy, and lack of interest. He had suffered from severe acne in late adolescence and was treated with steroid therapy followed by serious complications, but he was now in good physical health. No definite diagnosis could be reached at the time of the initial interview, but the possibility of a psychosis was considered.

Ian's history will be given as it has emerged in analysis so far, bearing in mind that no cross-checking has been possible owing to its short duration. Only those points that are considered relevant or valid will be mentioned.

Ian's parents emigrated from Europe to the U.S.A. shortly after the end of World War II. Owing to father's high position in the business and scientific world the family has moved around quite a lot, but there have never been any separations from the parents in early life. Ian feels he suffers from the aftermath of being spoilt at first and that he was particularly close to mother until a sister was born when he was 4 years of age. This was "the let-down of his life" but long before that there had been a history of severe constipation and temper-tantrums. From the start, mother proved rather ineffective in protecting Ian from his father's pressure. The father is a man with a very strong personality and inexhaustible drives, and Ian very early in his life realized that he had a losing battle on his hands. As soon as he started school he discovered he could retaliate by not doing any work, a pattern which remained unchanged throughout the educational years. It is very likely that Ian's inability or unconscious refusal to work when he reached University mobilized father's anxiety and rage to the point of prompting him to seek treatment for his son. Throughout adolescence Ian was tormented by anxiety about his body and appearance. He had no idea about what he wanted to do. He was soon suffering from intractable insomnia and was

haunted by all-too-clear oedipal dreams which reinforced his conscious fear of father and his wish to cut himself off from society generally. A visit to an American campus where the Drug Movement was flourishing introduced him to marihuana and he was soon spending several hours a day "stoned". But it is recognized that in fact the drug was enhancing his feelings of unreality and depersonalization.

On returning to Europe, a passionate love affair with a young woman reassured him about his actual sexual power but filled him with more guilt. Once communication with his parents had become impossible, the only answer to the mounting internal anxieties was to reach a state of psychological paralysis which he was able to achieve by smoking marihuana and by taking tranquilizers. In spite of this the wish for insight persisted and inevitably Ian availed himself of the opportunity of taking LSD several times over the two years preceding his analysis, which he entered with the utter and complete conviction of being insane. The depth of this fear was a well-guarded conscious secret which emerged in full only after several months of analysis.

When I first saw Ian I was confronted with a very tall, lean, pale young man with lively inquisitive eyes staring at me through a fantastic mass of hair and beard covering almost the whole of his face. At this first interview he volunteered the information that he had come to the conclusion that only analysis could do something for him now. He had proof it worked because his mother had been in analysis for five years and it had helped her. He mentioned in passing he had smoked pot quite a bit and with a smile he added he "had been interested in LSD and all that jazz". He seemed not at all concerned about having nothing to do or that he had no plans whatever for the future. At the end of his first treatment session he asked me whether I could prescribe some sleeping tablets, a request repeated on several other occasions. He took it in good humour that I should simply interpret his requests, and also that I would not give him all the information he required about a great number of subjects. This was a hard thing to do because Ian was a total stranger to London in those days. However, he was greatly reassured that I was showing no inclination to take him over just as father had done for twenty years. From my point of view his response was an indication that he was not like the usual drug addict who cannot tolerate frustration.

The first few months of the analysis were very painful for Ian. He was almost inarticulate and could not lie on the couch, but once the anxiety, whatever its origin, could be dealt with in the sessions, he would reveal remarkable thinking, perceptive, and feeling qualities. In the transference, overwhelming desires to submit completely to the pre-oedipal mother and to an overbearing but intensely loved and admired father were prominent. There was also a difficulty in distinguishing the internal images from the external ones. I was of course very anxious about the long hours he had to be on his own, but it was soon clear that Ian stayed indoors between sessions. He never slept during the night when he would just listen to the radio, read, and hope for sleep to come. He would go to sleep at day break and in consequence he would miss sessions, soon the major expression of his resistance. He was also very hypochondriacal and would describe all sorts of peculiar sensations such as "tremendous vibrations through his head with his body finally shaking all over" and would claim he could feel the electrical discharges between his brain cells. His constipation played a central part in his mental life and was re-enacted in the analysis through prolonged silences and in the withholding of payments, which allowed him to fulfil the fantasies of being the omnipotent mediator between his father, who paid for the analysis and the analyst mother. He also smoked cigarette after cigarette, filling the room with smoke and scattering ashes all over the couch. Interpretations directed at making him aware of the anal aggression implicit in his behaviour and attempts to link it with the anally aggressive aspect of his drug taking and marihuana smoking were met with polite interest. But he would also quickly point out that nicotine soothed his anxiety in the analytical hour and that marihuana "really" made him feel more at one with himself. Ian also had nightmares of a very unpleasant nature in which he often felt that he was awake and therefore he could not even reassure himself he was dreaming, not even after waking.

Although he had worked hard and at some depth in his analysis from the start, I was still surprised by his quick progress and general improvement, and I could only attribute this to the assumption that the paralysing effect of excessive marihuana smoking was beginning to lift and that analysis was already displacing drugs as a dependency need. Ian returned from his summer vacation quite transformed. He

looked healthy, cleaner, and had shaved off his beard. For the first time in years, he reported, he had been able to wear bathing trunks in public and he did not think his body was "quite so funny". He had even carried out long conversations with his father and had really enjoyed being at home. He was also determined to resume his studies and, as he intended to go to University in England, he carefully chose a college and suitable subjects to prepare himself for this and he started attending lectures quite punctiliously. Although he felt generally better he was worried about his poor sleep and the nightmares were getting more and more frequent.

Towards the end of the sixth month of the analysis Ian began a session saying "I had the same heavy dream again. It happened after I decided I would go to sleep for ten minutes before going to evening classes. I wasn't asleep and yet I dreamt I was in the classroom. I knew exactly what was going on. I knew what books I had to read . . . everything. After ten minutes I woke up and yet I had never been asleep!" Feeling confused as a result of Ian's statement, I heard myself saying: "I think you wanted to sleep because you felt anxious about your classes in the same way as you go on sleeping when you should be here for your sessions. In your dream you kept in touch with your wish to go to classes but it also sounds as if it could have been a daydream." This rather banal remark had the effect of throwing Ian into a state of near-panic. He sat up saying: "Now that would be a mighty daydream. Wouldn't you be scared out of your wits to have a daydream you are really asleep and *feel* as if you were?" I said: "So you *were* asleep and what you call a heavy dream is a recollection of the effects of LSD which you told me you had taken when you first started analysis." Ian seemed suddenly quite relaxed and safe again as he lay back once more, saying he had not bothered to tell me because he thought I was not interested and he had proof of that. After a pause he described one of his experiences after taking LSD with four University colleagues, as follows: "It was one of those days when if you are on a trip you can see the atmosphere. We had out-thought ourselves. In the early hours of the morning we went into this road café in the Mid-West and we asked the waitress if she had Bran Flakes. She said no she hadn't, and we said what have you got then? She answered 'any cereal you want, Bran Flakes if you prefer . . . how do you like that?' . . . that was it, the mistake. First, no Bran Flakes;

then, you can have them if you like. We laughed for twenty minutes till we were scared out of our minds. We thought people were looking at us . . . paranoid . . . we started whispering . . . it echoed for miles around . . . loony-bin experience, mad-house. There was this film, have you seen it? When the girl goes mad, walks through a room with mirrors like in an amusement park, distorting everything and in the last scene she is sitting in a kitchen, a tiled kitchen and the whole room comes forward and yet she stays right back there." I am aware this material could lend itself to all sorts of interpretation but all I said was: "Now we know why you have not been able to talk about your trips because you felt I might think you mad to believe such things possible. Because it is mad to think that yes and no are the same (like the woman in the café) but no more and no less than to think you can be awake and asleep at the same time, again as you probably felt with LSD." Later in that session and many others to follow, Ian was able to discuss with great relief his fear of schizophrenia and his belief that the vibrations he had complained of were epileptic, as well as other psychotic anxieties, to be discussed presently. Two weeks later he reported the nightmares had ceased altogether. He said "When I sleep I sleep." But with this improvement came a setback, although Ian did not agree with my assessment. For the first time since he had started his analysis he ventured to visit a friend at a University outside London. He was offered LSD and accepted it. "This time was really different" Ian said, "and I have to thank analysis for that, I was able to let go. Acid has something to do with accepting yourself, at least for me, that's my breakthrough—the ultimate in my mental life. Before, I would think of memories and try to start them up, and I would do stupid things or I would have to stop it. I must have had twelve trips, more, I don't know, but I never had one as perfect as this last one. The first one was a breakthrough, but not again until analysis. I don't see things with the acid . . . it is just thoughts, thousands of thoughts. You get another dimension. This time I had the answer to many questions. It was as if I could feel part of my brain emanate fear; I could turn it on and off without fear, my mind was as clear as a window, no *arrière pensée*, everything suddenly came to life." Two weeks later he reported he could have taken LSD again but was not interested.

Although Ian seems rather disenchanted with

drugs, he is still at risk in relation to them and the following material from a session which took place in the twelfth month of the analysis throws some light on the patient's dependence on marihuana. He began the session by reporting how on the previous day he had cut himself badly, slicing the tip of his left thumb. He added he often injured this finger as he was so clumsy when cutting things. He then said he remembered a dream he had the night of the accident. He dreamt he was driving his mother's car and she was sitting next to him. He had to stop the car to ask a policeman for directions; he then noticed that his mother was holding a match-box which was full of hashish and in such a way that the policeman would see it. He put his hand out to take it from her and at that moment he felt tremendous anger at the thought that mother should want to give him away to the policeman. In his associations he said he was at the moment using his mother's car and that in fact he usually kept his supply of hashish in a match-box. He thought the meaning of the dream was quite clear to him. He had been thinking about all the things I had been saying about drugs and he did not feel quite the same about them. This dream had something to do with doing something harmful to his parents in taking drugs; he thought the policeman was father who got to know about the sensual pleasure he had when smoking hashish and mother somehow came into it, as, after all, he was alone with her in the car. He brooded over this interpretation of the dream for a few seconds then he said: "that's odd, the hash in the box looked like shit", and quickly thought that one of the slang names for hashish is shit. Further associations covered the familiar ground of his constipation battles with mother, and his anger when everything was taken away from him by his baby sister and once more he expressed the belief that insofar as the drug allowed him to experience untold sensual pleasures it also succeeded in abolishing his internal parental controls. In my interpretation I showed the patient how in turning to the analyst-policeman for guidance, he was bound to reveal his intimate relationship with his mother, thus exposing himself to oedipal jealousies; but the dream also showed how the magical milk-drug turns into faeces inside him and it still is the centre of angry exchanges between the toilet-training-mother and the child within himself. I added that he felt guilty and expected punishment from the policeman-analyst and I suggested that the accident in the preceding afternoon was

probably related to these thoughts. He interrupted to protest that no such thoughts had been in his mind but after a while he said that perhaps I might think there was logic in my argument considering that when he had injured himself he was cutting a piece of hashish. He now realized that perhaps he wanted to stop himself smoking but he had not bargained to spend several hours in a hospital.

Ian's analysis continues.

Comment: My remark about LSD in the course of the session reported in some detail requires an explanation. It was neither a wild guess nor an expression of outstanding responsiveness to my patient's need. As I began to write this paper I came across the following hastily written note dated two weeks before the session in question. It reads: "Ian dreams he is taking LSD. Thinking he is awake whilst asleep. Becomes very high. Sees things on ceiling pointed out by people and he knows it was not true. It was funny at first. Then it became frightening. Little or no work done on this dream. No associations. Seemed obscure; in any case it was late in session." Events have shown the dream to be less obscure than I first thought. My patient and I have since concluded that it contains the part of his psychedelic journey he was never able to experience; the hallucinations directly linked with his fear of insanity. It is more than likely that I felt anxious about dealing with Ian's fears in this respect so early in the analysis, but I had overlooked the effect of the drug. Ian was quite ready for this kind of help long before I was aware of it, and he was therefore partially correct in his assumption that I was not interested. The patient's bizarre hypochondriacal complaints are now better understood as an expression of the increased awareness of internal organs frequently reported by LSD subjects. In his description of the trip he demonstrates very clearly the alteration in spatial percepts, the collective manic reactions expressed by the excessive laughter and the sharing of persecutory anxieties with others, but the outstanding feature remains the experiencing of opposites being the same. The need to keep his fear of insanity secret has gradually become more understandable as the analysis has proceeded. It is not uncommon for drug-dependent subjects to display evidence of identification of internalized objects with their internal organs. In this case the internalized breast-penis had become identified with the patient's brain. Uncon-

sciously Ian felt that he had caused irreparable damage not only to himself but also to the parental images as a result of excessive use of drugs. Similarly, when hostility towards the analyst became manifest within the transference, interpretations were accepted only as proof that the analyst's brain was functioning. Ian's intense feelings of guilt persist to the present and are the source of considerable anxiety. His continued use of marihuana, although it is only sporadic, is an expression of a serious resistance to analytical work, particularly in the light of the patient's insistence that the drug is conducive to integrative processes. The fact that Ian took LSD again will need a good deal of analysis as I am convinced he went into it seeking something but not knowing what. However, he emerged from it with a confirmation of what he had already discovered through analysis, i.e. that he could accept his own body to some extent. But he could also reassure himself that analysis would not drive him mad and was able to return to the security of his sessions with a feeling of superiority over the under-privileged who have only drugs to fall back on.

The next case history also shows the interplay between hallucinogens but in a more dramatic way in keeping with the more serious nature of the underlying psychological disturbance.

Case History II—LESLIE

Leslie, a post-graduate student working for his Ph.D. was 23 years old when he first attended a psychiatric clinic on account of sexual problems. He claimed to be bisexual but in the last year or so he thought his attraction for young men was getting out of hand. He is the only son of an unmarried woman—a rather eccentric person and a poor mixer. They lived in comparative isolation and Leslie much regrets that there never was a man in his early life he could admire or learn things from. His personal history is rather typical of many masculine men with homosexual tendencies, i.e. absence of father, sharing a bed with mother well into pre-adolescence years, alleged seduction by an older man in the course of a latency that never was, followed by a passionate love affair with another boy at puberty. Leslie's marked interest in girls late in adolescence turned to a compulsion to fall in love with rejecting young men shortly after the death of his mother, when he had just started at University. Since then he has been promiscuous with men whilst he has been associating with women with a degree of success

in keeping with his high intellectual ability and charm. Unfortunately, until quite recently he has failed to reach any level of real satisfaction in his heterosexual relationships. Furthermore, Leslie's existence has always been a trial to him as he has never been able to be himself. He quite compulsively sees himself in the mind and bodies of the people he meets and in so doing he gets temporary relief from his anxiety and feelings of depression.

Leslie was accepted for psychotherapy with the restricted therapeutic goal of making him less of a social misfit, but soon the added problem of Leslie's devotion to the drug cult became apparent. He had in fact been at one time acutely dependent on amphetamine but he finally realized it was making him feel ill. So he became a devotee of marihuana. Before long, if he wanted to do some work he needed a smoke, but more often than not he would end up by smoking to excess and work would become impossible. Unbeknown to his therapist he added LSD to marihuana and according to his statement he had well over a dozen "trips" in a few months, each one being accompanied by a most violent reaction and unpleasant subjective feeling.

Leslie's treatment was interrupted by the sudden death of his therapist. He got in touch again in the summer of 1967, consciously admitting he needed help with the approaching final examinations, but in reality, as it was eventually discovered, because he thought he was going mad. Leslie was in a manic state when I first saw him and he appeared so disturbed that I suggested to him he should go into hospital at once. But he felt so well and he was so full of his unforgettable and sublime psychedelic experiences that such a proposition could not be seriously considered by him. At this first interview, apart from long discourses on the advisability of making hashish and LSD available to everyone, most of the time was spent in a long description of his wandering into the galaxy, in the course of his "trips". He did admit he was greatly troubled by "freaking", the current hippy term for involvement with inanimate objects, to the point of not being able to concentrate on subjects of his choice, but marihuana was helpful in releasing him from this for short periods. He also claimed a capacity to commune with people which he had never known before. A chance remark concerning his hostility towards his fellow men including myself threw him into rapturous expostulations about my cleverness. On second thoughts, he felt he could not tell

whether I was reading his mind or that he might have taken over mine. To my surprise he accepted further appointments and has been a most regular attendant ever since.

Over the next few weeks Leslie's depression began to surface again and his behaviour became more and more erratic. At great risk he started pushing marihuana in order to keep himself in food and drugs, but some breakthrough occurred in the treatment when he was able to talk about the "bad experience with LSD". He eventually told me how in the course of the last trip his brain had exploded and half of it had "gone off". This, he thought, had happened because he was alone in a group of strangers, all under the influence of LSD. All that was needed now was to push the lost half of his brain back into his head. During this phase he would come to see me in a state of great agitation and frenzy, shouting, banging his fists on the desk and walls, throwing things around in order to put pressure on me to rescue him from the strange forces which he felt had gained possession of him. A few simply-worded remarks would restore calm and apparent sanity to the proceedings, but I could hardly feel happy about seeing such a disturbed person barely once a week. The Ph.D. examination was soon upon us and Leslie made sure he was immobilized by cannabis so that he would not come near the examination hall. This was understandable as he had projected all his paranoid anxieties on the examiners who were felt to be dangerous persecutors who would punish him for his wish to "wear the insignia of Ph.D."—fulfilment of incestuous wishes. At this point I insisted he should go into hospital but when he was interviewed he enthused over drugs in such a way that the admitting psychiatrist did not feel he would benefit from hospitalization. This gave fresh impetus to Leslie's treatment, and this time it was clear he was struggling with some basic and central problem about his homosexuality. I had therefore little choice but to follow him on the road of understanding material which in my experience is usually dealt with only after prolonged psychoanalysis and seldom in analytical psychotherapy. He could concentrate on this task as fortunately he had found a doctor ready to wean him from his dependence on marihuana. This was done quite effectively by substituting Tincture Cannabis, which enabled Leslie to reduce his need for the drug to two cigarettes per week.

At the time of writing Leslie has a job as a

domestic worker. For some months he has not been able to associate with men although he still looks at "pretty boys" if they are around. He has also kept up a steady relationship with a young woman, a school teacher, who is very devoted to him, and has reported considerable changes in his sexual attitude and feelings towards her. He understands a great deal about his destructive behaviour with regard to his examination which he intends to take next year, and he can talk calmly about his LSD experiences. He has, as one may expect, occasional returns of the symptoms, but if he is anxious he is proud he does not overstep the amount of cannabis he is allowed. Now and again he fears the whole "thing might start up again". One night he woke up and suddenly the pillow seemed to go up in the air and down on the other side of the bed. There was a strange noise with it. He lay there for a while and was able to say to himself: "No, it's only a dream."

Comment: The final outcome of treatment, irrespective of the approach, must be extremely doubtful in a case as it has just been described. The significance of Leslie's drug dependence remains unresolved and will need further exploration. In many respects his behaviour and psychopathology were understood and dealt with as in the case of any other drug addict. It was certainly possible to see, with unusual clarity, the patient's complex sadistic relationship to his internal objects and the use he made of the drugs in order to control and to assuage them. LSD, taken by the patient perhaps with the same conscious intent as he had taken other drugs, suddenly confronted him with the opportunity for insight which he could not absorb. Psychoanalysts have been familiar with the complications arising from the combination of homosexuality and drug addiction ever since Glover wrote his classical paper on Drug Addiction (1932) in which he points out that homosexual systems act as a protection against the anxieties related to the addiction. Leslie's position after exposure to the full force of several disturbing LSD sessions became intolerable if not untenable. At the height of the crisis, the psychotic anxieties linked with his perversion having been laid bare, he felt he had to expel the homosexual half of his personality, the explosion resulting in half his brain being shot away; a crude symbolization, not an uncommon response to LSD. In consequence he was left with the dreadful proposition of having to exist with half his brain-personality, an easy prey to the other

set of psychotic anxieties underlying his need for drugs. This state of affairs he finally equated with insanity. The patient's use of marihuana was of considerable interest. Not only was the drug capable of controlling his psychotic anxieties to a very large extent but he also claimed that after smoking one or two cigarettes, heterosexual relations would become not only possible for him but would also enable him to retain his erection indefinitely. In reality, on many occasions he was totally unable to ejaculate as a result of his complete identification with his female partner. This discovery seemed to be convincing evidence of the delusional quality of many claims made on behalf of hallucinogens.

Case History III—MONICA

Monica had been in analytical psychotherapy for over a year when she took LSD and as a direct result of it her treatment came to an abrupt end. She has remained well for several months, surprisingly perhaps, in view of her turbulent history.

Monica was 19 when she was referred for psychotherapy whilst still a patient in a psychiatric hospital. She was admitted there in spring of 1966 for the third time in less than twelve months, after a serious suicidal attempt (her second). Her first hospitalization, in the course of which a pregnancy had been terminated, had come after a prolonged period of antisocial behaviour and depression, which had begun when she was still at school working for her higher examinations. It was said that she had mixed with doubtful characters, finally going to live with an alcoholic friend, possibly a drug addict. She herself had been on drugs on-and-off for several months. There was also a well-documented history of involuntary jerking movements and an EEG had shown evidence of dysrhythmia and myoclonus. She had been treated with Mysoline, an anti-convulsant, for three years.

At the hospital Monica's behaviour had been impeccable insofar as she would just sit around with her head down, occasionally answering questions briefly and in a whisper.

On paper, Monica's case sounds a very improbable one for analytical psychotherapy as an out-patient but her motivation for treatment could not be challenged and the impression she created at the initial interview was such that treatment had to be offered. In appearance she reminded one of a classical, stage Joan of Arc, with her shortly cropped hair, masculine clothes, the whimsical air of fragility combined with

considerable strength, but above all an outstanding capacity to verbalize her feelings.

Monica's family is Roman Catholic and originates from Eastern Europe. The parents came to England shortly after the last war and there has been considerable loss in social status. Father, a professional man in his own country, now a clerk for the local council, had been very strict and quite cruel to the patient in her childhood and dealt with her tantrums with merciless beatings. Although Monica had not spoken to him since the age of 12, she had continued to worship him in secret. Her mother, who also had a troublesome existence in her own early life, reacted to the strain of emigration with depression and chronic unhappiness. The situation between mother and daughter over the years had become explosive as they were both dedicated to provoking and persecuting each other. The patient's only opportunity to express her loving feelings was for a sister six years her junior.

Monica was brought to the Clinic by a nurse, once a week, for some months, before she was able to come on her own. Arrangements were also made for the mother to have regular treatment sessions; and, eventually, frequent joint interviews, attended by all concerned, were arranged.

Monica's psychotherapy was as eventful as the life which she had led up to the time when, quite deliberately, she decided to retire to a psychiatric hospital in order to think things over, unconsciously realizing that she needed someone else to assume responsibility for her. She worked seriously, steadily, and well within transference reach. As she began to improve, inevitably we ran into difficulties arising from increased opportunities for acting out. For instance, there was a time when Monica, having provoked mother to reject one of her unreasonable demands, went home and proceeded to break the windows and every bit of crockery she could lay her hands on. There were sporadic attempts to engage in promiscuity which she could not enjoy, and finally she began to take drugs again, quite indiscriminately though she never took heroin. Needless to say, she was an ardent follower of the marihuana cult, but it was amphetamine that landed her in prison. With some friends she was arrested for being disorderly and in possession of drugs. She was acutely hallucinated when taken into custody, having swallowed over twenty amphetamine tablets in a few hours.

In spite of it all progress was made. Monica

took up some new training at a local college whilst still in hospital. Her need for drugs was confined to the occasional marihuana cigarette. She dressed and looked much more like an attractive young woman. She was calmer, and communication with her parents began to improve. A great deal of infantile material was being dealt with in her sessions when suddenly the opportunity for a "trip" came. She took 200 micro-grams of LSD, twice, in the course of two successive weekends. She felt quite guilty about telling me, but claimed it had been an invaluable experience. She had found confirmation about everything she had discovered in her treatment and had been able to recall some very harrowing and distressing scenes involving her father, and had recaptured her childhood sexual feelings for him. Soon afterwards it emerged that in the course of her second LSD session her wishes towards the therapist had been fulfilled to such an extent that psychotherapeutic work was no longer possible. Her withdrawal from treatment was as gradual but as determined as her entry into it had been. As the summer of 1967 approached, Monica wrote she now felt ready to take responsibility for herself and added "I have made my peace with God. I am just beginning to accept myself". Six months later the mother reported that she was still living with friends who took her in when she left hospital and is employed but is thinking of taking University entrance examinations. She comes home quite often, is calm, reasonable, and more thoughtful; she often brings small gifts to her mother, helps with the household chores, and attends Church regularly without being the fanatic she was in earlier years when she talked about entering a convent. Monica has a boyfriend and there is no evidence that she takes any drugs. It is of some considerable interest that the myoclonus has stopped and that she has not taken Mysoline for over six months, without ill effects. This is perhaps not so surprising, considering the many reports indicating that psychotherapy and the elimination of irritating psychological factors can be successful in causing the disappearance of epileptic manifestations (Cobb, 1943).

Comment: No doubt the absence of tension within the home is linked with mother's readiness to use the valuable help offered to her throughout the period of maximum crisis and must have contributed to this girl's improved behaviour and general adjustment. Nevertheless I believe

it is difficult to formulate a clear explanation of her improvement so far. The patient is a sensitive young woman who has the capacity to use her environment to retard or to accelerate her emotional growth. It is also possible that her drug-dependence was of the non-malignant type, so often seen in young people at present. As she is enlightened and well-informed the effects of LSD were not at all unexpected to her; I would indeed attribute most of them to auto-suggestion. However, I know she did not expect to lose her tendency to split and to feel unreal and depersonalized, almost over-night. It was quite a shock too to find herself unable to continue working within the transference. It is of interest to note that dynamic changes continued to occur while she was still under my observation although treatment was at a standstill. These changes made it possible for her to dispense with the holding environment, represented by the hospital and the therapeutic relationship, in a totally unexpected way. The suggestion that Monica's behaviour can be understood in terms of acting out or massive denial, etc., is just as unsatisfactory as the proposition that all her conflicts have been resolved.

*"Beyond Freud"—Mysticism or Exorcism—
Some Provisional Conclusions*

The patients, whose life histories have been described, have a great deal in common. Diagnostically, they belong to the borderline states in the hinterland of psychiatry. In a treatment situation, they give early indications of what is hidden behind their conscious behaviour and thoughts but they remain inaccessible and mysterious in the absence of methodical, prolonged and arduous investigation. These patients shared the urge to explore their internal worlds and proved this by accepting treatment, but they were also under the compulsion to turn to drugs to relieve their mental sufferings. They were misguided in taking LSD but this was as much an act of courage as of despair in anything else being helpful. Inevitably their motivations, conscious and unconscious, varied considerably. Ian's aspiration to reach the "ultimate" in psychic life, confronts him with the task of accepting a psychotic part of himself. Leslie, as he once said, went after LSD as "a knight in shining armour on the quest of the Holy Grail" whilst unconsciously he was still looking, as he had always done, for a food-providing talisman. Monica wanted to make peace with her God, who stood for the parental figures united in harmony,

whose images she projected on to those of herself and the therapist, joined in blissful sexual union, the central fantasy of her psychedelic journey. Common to all was the search and thirst for transcendental experience and the drug undoubtedly provided something of this nature. Is there any evidence though that these patients were able to go "beyond Freud" with the help of hallucinogens, as it has been claimed? The cases observed are too few to allow for definite opinions about such a fascinating proposition. There was nothing in the patients' material which was not compatible with psychoanalytical formulations when an attempt was made to understand it in those terms. On the other hand, what came across clearly from these patients was the impact of psychic reality on them, in a way which I am tempted to say could well be precluded to the ordinary patient undergoing an average good analysis. There is a difficulty in conveying to the reader the emotional impact on Ian at the discovery of an area in the mind where opposites become the same, or Leslie's frantic dealings with his internal objects when they filled the room and the whole of his external world. The case of Monica of course would come nearer the "beyond Freud" concept if we consider the possibility of instant working-through as a feasible proposition and a point for discussion.

There is no doubt that many patients and the "normal" casual users of hallucinogens hope to go beyond Freud. In consequence, any discussion and attempted explanations of the effects of these drugs will lead one into the realm of not only speculation but mysticism. Enthusiastic followers of the psychedelic cult, openly admit that mystical experiences occur quite frequently in LSD subjects (see Chapter 9 in Masters and Houston, 1966). On the other hand it would seem rather naïve to attempt to project mysticism on to temporary delusional states, false recollections and complex alterations of the body-image and body-ego, physiologically induced.

Mysticism, the *Encyclopaedia Britannica* tells us, is hardly susceptible to exact definition. It appears in connection with endeavours of the human mind to grasp the divine essence or the ultimate reality of things and to enjoy the blessedness of actual communion with the Highest.

There will of course be many who are so motivated and many others who will seek the aid of LSD in order to improve their understanding of the origins of present and past religions. It is

doubtful though that the patients I described and all those who seek instant analysis with hallucinogens are motivated in accordance with the above definition of mysticism.

In view of the uncertainty which pervades the whole question of the attraction exercised by these drugs on a growing multitude of people, the following conclusions can only be tentative and provisional.

It would seem that there is a fairly large group of young men and women who believe they can further their artistic output by taking LSD and marihuana, and there is indeed some evidence to show that this could be true. The main body of this group is represented by the "experimenters" often to be found at University, or only just out of school, and in many walks of life. In talking to them, one senses the lack of aims or purpose in their lives. They are still curious, mostly about themselves and are somewhat frightened of their body experiences. They are easily influenced by others who have already "found out" about the mystery of the mind. As they are still adolescent, in fact, or psychologically, through immaturity, they retain enormous difficulties in the capacity to verbalize thought and feelings, or are very perplexed by their inability to feel at all, especially when sexual contacts leave them with a sense of disillusionment and emptiness. They are greatly troubled by their aggressiveness and hate, which is either denied or becomes focused on the authority figures. Outlets for aggressiveness seem to be almost non-existent for these young people, surprisingly, perhaps, considering the increased opportunities to practice sports which on the other hand are often rejected as being useless. After a time denial of aggressiveness fails as a mechanism of defence and they turn to the drug cult and all its mystique in order to reinforce it. The so-called Flower Power group, now on the wane, is in my opinion an extreme example of what I am attempting to describe here. The average man in the street was either outraged or felt attacked by their exotic clothes and uneasy friendliness whilst the more open-minded were saddened by the uncheerfulness of an eternal carnival, and the insistence on love for all, which is not only unbelievable but shallow and unimpressive. The proclamation of the brotherhood of men, based on a few hundred micrograms of LSD, is nothing short of the grotesque and bizarre. It is a mistake to under-estimate the influence exercised by members of this group or any other which will take its place, as they

often form the hard core of drug movements. Their aim, in my opinion, is to mislead us into believing they are helping to create a new culture when in fact they are only fostering a cult. However, it is more than likely that there are other reasons, deeper perhaps, to account for the staggering increase in the number of young people who turn to drugs, at the same time following similar patterns of behaviour and in different countries. Some views held by a member of the Jungian school may be relevant here. Jacobi (1962, pp. 49 and 128) writes

"to relieve the isolation and confusion of modern man, to enable him to find his place in the great stream of life... this is the purpose and meaning of Jungian psychological guidance."

This theme is taken up again in another context and the author states

"about a third of my cases are not suffering from clinically definable neurosis but from the senselessness and aimlessness of their lives. But this just seems to be the form of the Universal neurosis."

It has been suggested to me that those who seek the expansion of consciousness and of the self with the hallucinogens are affected by this kind of Universal neurosis (Rifkin). My own personal involvement with them has been marked by conspicuous failure in establishing a working relationship. They had usually come for treatment as a result of external pressures and showed little desire for insight of the kind I could offer them.

In another group, we find subjects who smoke marihuana occasionally and have taken LSD once or twice as a result of partial insight. They have strong desires to alter external and internal object relationships and are also somewhat aware of their neurotic traits or attitudes, but the main object is to obtain immediate relief. They have unquestionably a genuine wish for expanding their knowledge and consciousness of themselves and are greatly relieved, once they have gone through their experience with LSD, as they may have been able to dismiss the fear of madness which had haunted them for years. Unfortunately, if they seek systematic help they still expect instant analysis.

Lastly, we have to consider those men and women who having suffered from some degree of instability throughout their lives, have experimented with a variety of drugs, and finally

have become dependent on a particular one. In recent times these people have shown a definite tendency to use marihuana under cover of rationalizations. As soon as they realize that they use the drug for therapeutic purposes rather than pure pleasure, the search for further understanding, insight and "cure" inevitably follows. Eventually they are drawn to explore their inner worlds with LSD and quite often they find confirmation of the suspected existence of a psychotic nucleus within their minds; in this event their reactions can be extremely complex and varied. Some turn to LSD again and again for further enlightenment and hope of a cure whilst others find it necessary to increase the amount of marihuana which appears to have a pseudo-integrative effect capable of reducing the action of LSD. Unhappily, addiction to other drugs is only around the corner and here we meet an increasing number of young men and women whose only aim in life appears to be to stay sufficiently "high" in order to keep themselves on the psychological tight rope. Their struggles and attempts to eject internal, persecuting objects which have all the appearance of demons and devils has often made me think of exorcizing practices, of other times and cultures. Listening to several such patients can bring to mind quite vividly the fable of the Sorcerer's Apprentice. Occasionally the sorcerer's apprentices of our modern world have the courage to seek more appropriate help and this paper has been concerned with their predicament.

In conclusion, I wish to put forward the suggestion that no clear pattern of psychopathology emerges if we investigate the problem of drug-dependence, no matter whether we approach it from the psychoanalytical, social, or psychiatric angle, and perhaps none can be expected. However, in this paper, I have attempted to show how the psychopathology of habituation is no less complex than that of severe addiction. Further understanding will no doubt follow the numerous studies at present in progress concerning the alarming increase in the use of drugs of all types, particularly by young people all over the world. It is often said that drug-dependence is associated with depressive states. "Depression" undoubtedly is the endemic psychological indisposition of mankind

and man has never ceased to seek means of counteracting it. Plato (428 B.C.-348 B.C.) writes of "the right mania" which occurs in the course of ritual practices, where the primary aim is to control the attack of madness by giving it a telestic orientation (Linforth, 1946). This is indeed comparable to the euphoria-seeking trend of the last few years in the Western World (the anti-depressant drugs which dominate general psychiatry at present, can also be regarded as euphorants and we should not forget the growing tendency to ascribe more and more different psychological states to "depression"). But "depression" in itself cannot be held solely responsible for drug-dependence unless we remind ourselves that aggression is its constant companion. It is then understandable that failure to neutralize aggressive drives and the added problems caused by the sexual reorientation of adolescence and early adulthood, often combined with the explosive reemergence of oedipal conflicts, can lead the more vulnerable amongst us into a sense of loss and isolation outside and within the "self". Gradually unconscious fear of madness gains a foothold in the mental life of these unfortunate people and not infrequently when they have also been exposed to emotional deprivation in infancy it evolves into a fear of annihilation and suicidal destructiveness, which is typical of the more severe clinical picture of drug addiction.

In the last resort, the course and severity of the syndrome associated with the use and abuse of drugs is related to the quality and quantity of the instinctual drives and emotions involved. The hallucinogens seem to have a specific effect in alleviating the early stages of this disorder, mostly because they make those who are so affected aware of areas of the mind and feelings which have remained cut off or become so in the course of development. The discovery of the illusory nature of their improvement is fraught with danger and this is the time when psychoanalysis can be of real help to them.

For the psychoanalyst, drug-dependence is likely to remain a challenge and a baffling problem for many years to come but in my opinion this is a field which is worthy of further scientific exploration and sustained therapeutic effort.

REFERENCES

- BEVERLEY, T. H. (1965). "Recent changes in the pattern of drug abuse in London and U.K." *Brit. med. J.*, 2, 1284.
- CHAPPLE, E. (1967). "Adolescence." *Documenta Geigy*.
- COBB, S. (1943). *Borderlands of Psychiatry*

(Cambridge: Harvard Univ. Press.)

GLOVER, E. (1932). "On drug addiction." *Int. J. Psycho-Anal.*, 31.

JACOBI, J. (1962). *The Psychology of C. G. Jung*. (Yale Univ. Press.)

LINFORTH, I. (1946). *Telestic Madness in Plato Phaedrus*. (Los Angeles: Univ. of Calif. Press.)

MASTERS, R. E. L. and HOUSTON, J. (1966). *The*

Varieties of Psychedelic Experience. (New York: Holt, Rinehart & Winston.)

MORAES, A. O. (1964). "The crimogenic action of cannabis (marihuana) and narcotics." *Bulletin on Narcotics* (United Nations). 16/4, 23-28.

RIFKIN, H. (1968). Personal Communication.

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PLAYING: ITS THEORETICAL STATUS IN THE CLINICAL SITUATION¹

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In this paper I am trying to explore an idea which has been forced on me by my work, and also forced on me by my own stage of development at the present time, which gives my work a certain colouring. I need not say that my work, which is largely psychoanalysis, also includes psychotherapy, and for the purpose of this paper I do not need to draw a clear distinction between the uses of the two terms.

When I come to state my thesis I find, as so often, that it is very simple, and that not many words are needed to cover the subject. *Psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist. Psychotherapy has to do with two people playing together. The corollary of this is that where playing is not possible then the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play.*

Although I am not attempting to review the literature I do wish to pay tribute to the work of Milner (1950, 1955) who has written brilliantly on the subject of symbol-formation. However, I shall not let her deep comprehensive study stop me from drawing attention to the subject of playing in my own words. Milner (1955) relates children's playing to the concentration of adults, and I find I have done the same:

When I began to see . . . that this use of me might be not only a defensive regression, but an essential recurrent phase of a creative relation to the world . . .

Milner was referring to a "*prelogical fusion of subject and object*". I am trying to distinguish between this fusion and the fusion or defusion of the subjective object and the object objectively perceived. I believe that what I am attempting to do is also inherent in the material of Milner's contribution. Here is another of her phrases:

Moments when the original poet in each of us created the outside world for us, by finding the

familiar in the unfamiliar, are perhaps forgotten by most people; or else they are guarded in some secret place of memory because they were too much like visitations of the gods to be mixed with everyday thinking. (Milner 1955).

Play and Masturbation

There is one thing that I want to get out of the way. In psychoanalytic writings and discussions, the subject of playing has been too closely linked with masturbation and the various sensuous experiences. It is true that when we are confronted with masturbation we always think: what is the fantasy? And it is also true that when we witness playing we tend to wonder what is the physical excitement that is linked with the type of play which we witness. But playing needs to be studied as a subject on its own, apart from the concept of the sublimation of instinct.

It may very well be that we have missed something by having these two phenomena (playing and auto-erotic activity) so closely linked in our minds. I have tried to point out that when a child is playing the masturbatory element is essentially lacking; or, in other words, that if when a child is playing the physical excitement of instinctual involvement becomes evident, then the playing stops, or is at any rate spoiled (Winnicott, 1965). Both Kris (1951) and Spitz (1962) have enlarged the concept of auto-erotism to cover data of a similar kind (also cf. Khan, 1964).

I am reaching towards a new statement of playing, and it interests me when I seem to see in the psychoanalytic literature the lack of a useful statement on the subject of play. Child analysis of whatever school is built around the child's playing, and it would be rather strange if we were to find that in order to get a good statement about playing we have to go to those who have written on the subject who are not analysts (e.g. Lowenfeld, 1935, 1967).

Naturally one turns to the work of Melanie Klein, and I am reaching towards a new statement of the Link with Playing" at a Scientific Meeting in October 1967. Revised May 1968.

¹ Paper read to the British Psycho-Analytical Society under the title of: "Towards a Theory of Psychotherapy:

Klein, but I suggest that Klein was concerned almost entirely in her writings with the use of play. The therapist is reaching for the child's communication and knows that the child does not usually possess the command of language which can convey the infinite subtleties that are to be found in play by those who seek. This is not a criticism of Melanie Klein or of others who have described the use of a child's play in the psychoanalysis of children. It is simply a comment on the possibility that in the total theory of the personality the psychoanalyst has been too busy using play content to look at the playing child, and to write about playing as a thing in itself.

Whatever I say about children playing really applies to adults as well, only the matter is more difficult to describe when the patient's material appears mainly in terms of verbal communication. I suggest that we must expect to find playing just as evident in the analyses of adults as it is in the case of our work with children. It manifests itself, for instance, in the sense of humour.

Transitional Phenomena

For me the meaning of playing has taken on a new colour since I have followed up the theme of transitional phenomena, tracing these in all their subtle developments right from the early use of a transitional object or technique to the ultimate stages of a human being's capacity for cultural experience.

I think it is not out of place to draw attention here to the generosity which has been shown in the psychoanalytic circles and in the general psychiatric world in respect of my description of transitional phenomena. I am interested in the fact that right through the field of child care this idea has caught on, and sometimes I feel that I have been given more than my due reward in this area. What I called transitional phenomena are universal and it was simply a matter of drawing attention to them and to their potential for use in the building of theory. Wulff had already, as I discovered, written about fetish objects employed by babies or children, and I know that in Anna Freud's psychotherapy clinic these objects have been observed with small children. I have heard Anna Freud speak of the use of the talisman, a closely allied phenomenon (cf. A. Freud, 1965). A. A. Milne, of course, immortalized Winnie the Pooh. Schultz and Arthur Miller, among other authors, have drawn

on these objects that I have specifically referred to and named.

My interest in the reception of this concept of transitional phenomena is enhanced by the fact that other ideas which I have had which might turn out to be true and useful have had a different reception, and indeed I would think that most of our ideas that have any originality in them are found to be difficult, and are not easily assimilated and turned into instruments that can be used. I am not surprised when ideas that we put forward have a rough passage or are ignored. What surprises me is that the idea of transitional phenomena did quickly spread round the world and was welcomed everywhere, as if there had been a gap, or as if someone had left out of the portrait of a child some part of the face or a limb, and everyone was glad to have this part of the child restored. I ask myself, what has happened instead of resistance? Where there is no resistance there may be expected an escape from the uncomfortableness of the repressed unconscious. Let us postulate in this case a *partial* escape. There can be a partial escape, too, in the child's experience of playing, along with a partial gain. This is near to my main theme.

I am encouraged by the happy fate of the concept of transitional phenomena to think that what I am trying to say now about playing may also be readily acceptable. In other words, that what I am saying is so obviously true that it hardly needs to be said. But I do hold the view that there is something about playing which has not yet found a place in the psychoanalytic literature.

In my paper on cultural experience and its location (Winnicott, 1967) I tried to make my idea of play concrete by claiming that *playing has a place* and a time. It is not *inside* by any use of the word (and it is unfortunately true that the word *inside* has very many and various uses in psychoanalytic discussion). Nor is it *outside*, that is to say, it is not a part of the repudiated world, the not-me, that which the individual has decided to recognize (with whatever difficulty and even pain) as truly external, outside magical control. To control what is outside one has to *do things*, not simply to think or to wish, and *doing things takes time*. Playing is doing.

Playing in Time and Space

In order to give a place to playing I invented a *potential space* between the baby and the mother. I pointed out that this potential space varies a

very great deal according to the life experiences of the baby in relation to the mother or mother-figure, and I contrasted this potential space (a) with the inner world (which is related to the psychosomatic partnership) and (b) with actual, or external, reality (which has its own dimensions, and which can be studied objectively and which, however much it may seem to vary according to the state of the individual who is observing it, does in fact remain constant).

I can now restate what I am trying to convey. I want to draw attention away from the sequence psychoanalysis, psychotherapy, play material, playing, and to set this up again the other way round. In other words, it is play that is the *universal*, and which belongs to health; playing facilitates growth and therefore health; playing leads into group-relationships; playing can be a form of communication in psychotherapy; and, lastly, psychoanalysis has been developed as a highly specialized form of playing in the service of communication.

The natural thing is playing, and the highly sophisticated twentieth century phenomenon is psychoanalysis. It must be of value to the analyst to be constantly reminded not only of what is owed to Freud but also of what is owed to the natural and universal thing called playing.

It is hardly necessary to illustrate something so obvious as playing; nevertheless I propose to give two examples.

(1) EDMUND, aged 2½ years

The mother came to consult me and she brought Edmund with her. He was in my room while I was talking to his mother, and I placed among us a table and a little chair which he could use if he wished to do so. He looked serious but not frightened or depressed. He said: "Where's toys?" This is all he said throughout the hour. Evidently he had been told to expect toys and I said that there were some to be found at the other end of the room on the floor under the bookcase.

Soon he went and fetched a bucketful of toys and he was playing in a deliberate way while the consultation between the mother and me proceeded. The mother was able to tell me the exact significant moment at 2 years 5 months when Edmund had started stammering, after which he gave up talking "because the stammer frightened him". While she and I were going through with a consultation situation about herself and about him, Edmund placed some small train parts on the table and was arranging them

and making them join up and relate. He was only two feet away from his mother. Soon he got on to her lap and had a short spell as a baby. She responded naturally and adequately. Then he got down spontaneously and took up playing again at the table. All this happened while his mother and I were heavily engaged in deep conversation.

After about twenty minutes Edmund began to liven up, and he went to the other end of the room for a fresh supply of toys. Out of the muddle there he brought a tangle of string. The mother (undoubtedly affected by his choice of string, but not conscious of the symbolism) made the remark: "at his most non-verbal Edmund is most clinging, needing contact with my *actual* breasts, and needing my *actual* lap". At the time when the stammer started he had been starting on napkins, but he had reverted to incontinence along with the stammer, and this was followed by abandonment of talking. He was restarting with napkins at about the time of the consultation. The mother saw this as being part of a recovery from a setback in his development.

By taking notice of Edmund's playing I was able to maintain communication with the mother.

Now Edmund developed a bubble in his mouth while playing with the toys. He became pre-occupied with the string. The mother made the comment that as a baby he refused all except the breast, till he grew up and went over to a cup. "He brooks no substitute", she said, meaning that he would not take from a baby's bottle, and a refusal of substitutes had become a permanent feature in his character. Even his mother's mother, of whom he is fond, is not fully accepted because she is not the actual mother. All his life he has had his mother herself to settle him at night. There were breast troubles when he was born, and he used to cling on with his gums in the first days and weeks, perhaps as an insurance against mother's sensitive protection of herself, she being in a tender state. At 10 months he had a tooth, and on one occasion he bit, but this did not draw blood.

"He was not quite so easy a baby as the first had been."

All this took time, and was mixed up with the other matters which the mother wished to discuss with me. Edmund seemed here to be concerned with the one end of the string that was exposed, the rest of the string being in a tangle. Sometimes he would make a gesture which was as if

he "plugged in" with the end of the string like an electric flex to his mother's thigh. One had to observe that although he "brookd no substitute" he was using the string as a symbol of union with his mother. It was clear that the string was simultaneously a symbol of separateness and of union through communication.

The mother told me that he had had a transitional object called "my blanket"—he could use any blanket that had a satin binding like the binding of the original one of his early infancy.

At this point Edmund quite naturally left the toys, got on to the couch and crept like an animal towards his mother and curled up on her lap. He stayed there about three minutes. She gave a very natural response, not exaggerated. Then he uncurled and returned to the toys. He now put the string (which he seemed fond of) at the bottom of the bucket like bedding, and began to put the toys in, so that they had a nice soft place to lie in, like a cradle or cot. After once more clinging to his mother and then returning to the toys, he was ready to go, the mother and I having finished our business.

In this play he had illustrated much of that which the mother was talking about, (although she was also talking about herself). He had communicated an ebb and flow of movement in him away from and back to dependence. But this was not psychotherapy since I was working with the mother. What Edmund did was simply to display the ideas that occupied his life while his mother and I were talking together. I did not interpret and I must assume that this child would have been liable to play just like this without there being anyone there to see or to receive the communication, in which case it would perhaps have been a communication with some part of the self, the observing ego. As it happened I was there mirroring what was taking place and thus giving it a quality of communication (cf. Winnicott, 1967).

(2) *DIANA, aged 5 years*

In the second case, as with the case of Edmund, I had to conduct two consultations in parallel, one with the mother, who was in distress, and a play relationship with the daughter Diana. She had a little brother (at home) who was mentally defective and who had a congenital deformity of the heart. The mother came to discuss the effect of this brother on herself and on her daughter Diana.

My contact with the mother lasted an hour. The child was with us all the time, and my task was a threefold one, to give the mother full

attention because of her own needs, to play with the child, and (for the purpose of writing this paper) to record the nature of Diana's play.

As a matter of fact it was Diana herself who took charge from the beginning, for as I opened the front door to let in the mother an eager little girl presented herself, putting forward a small teddy. I did not look at her mother or at her, but I went straight for the teddy and said: "What's his name?" She said: "Just Teddy." So a strong relationship between Diana and myself had quickly developed, and I needed to keep this going in order to do my main job which was to meet the needs of the mother. In the consulting room Diana needed all the time, naturally, to feel that she had my attention, but it was possible for me to give the mother the attention she needed and to play with Diana too.

In describing this case, as in describing the case of Edmund, I shall give what happened between me and Diana, leaving out the material of the consultation with the mother.

When we all three got into the consulting room we settled down, the mother sitting on the couch, Diana having a small chair to herself near the child table. Diana took her small teddy bear and stuffed it into my breast pocket. She tried to see how far it would go down, and examined the lining of my jacket, and from this she became interested in the various pockets and the way that they did not communicate with each other. This was happening while the mother and I were talking seriously about the backward child of 2½, and Diana gave the additional information: "He has a hole in his heart." One could say that while playing she was listening with one ear. It seemed to me that she was able to accept her brother's physical disability due to the hole in his heart while not finding his backwardness within her range.

In the playing which Diana and I did together, playing without therapeutics in it, I felt free to be playful. Children play more easily when the other person is able to be playful. I suddenly put my ear to the teddy bear in my pocket and I said: "I heard him say something!" She was very interested in this. I said: "I think he wants someone to play with", and I told her about the woolly lamb that she would find if she looked at the other end of the room in the mess of toys under the shelf. Perhaps I had an ulterior motive which was to get the bear out of my pocket. Diana went and fetched the lamb which was considerably bigger than the bear and she took up my idea of friendship between the teddy

bear and the lamb. For some time she put the teddy and the lamb together on the couch near where the mother was sitting. I of course was continuing my interview with the mother, and it could be noted that Diana retained an interest in what we were saying with some part of herself, a part that identifies with grownups and grown-up attitudes.

In the play Diana decided that these two creatures were her children. She put them up under her clothes, making herself pregnant with them. After a period of pregnancy she announced they were going to be born, but they were "not going to be twins". She made it very evident that the lamb was to be born first and then the teddy bear. After the birth was complete she put her two newly-born children together on a bed which she improvised on the floor, and she covered them up. At first she put one at one end and the other at the other end, saying that if they were together they would fight. They might "meet in the middle of the bed under the clothes and fight". Then she put them sleeping together peacefully, at the top of the improvised bed. She now went and fetched a lot of toys in a bucket and in some boxes. On the floor around the top end of the bed she arranged the toys and played with them; the playing was orderly and there were several different themes that developed, each kept separate from the other. I came in again with an idea of my own. I said: "Oh look! you are putting on the floor around these babies' heads the dreams that they are having while they are asleep." This idea intrigued her and she took it up and went on developing the various themes as if dreaming their dreams for the babies. All this was giving the mother and me time which we badly needed because of the work we were doing together. Somewhere just here the mother was crying and was very disturbed and Diana looked up for a moment prepared to be anxious. I said to her: "Mother is crying because she is thinking of your brother who is ill." This reassured Diana because it was direct and factual and she said: "Hole in the heart" and then continued dreaming the babies' dreams for them.

So here was Diana not coming for a consultation about herself and not being in any special need for help, playing with me and on her own, and at the same time caught up in her mother's state. I could see that the mother had needed to bring Diana, she being herself too anxious for a direct confrontation with myself because of the very deep disturbance which she felt on account of having an ill boy. Later the mother came to

me by herself, no longer needing the distraction of the child.

When at a later date I saw the mother alone we were able to go over what happened when I saw her with Diana, and the mother was then able to add this important detail, that Diana's father exploits Diana's forwardness and likes her best when she is just like a little grownup. There can be seen in the material a pull towards premature ego development, an identification with the mother and a participation in the mother's problems that arise out of the fact that the brother is actually ill and abnormal.

Looking back on what happened I find it possible to say that Diana had prepared herself before she set out to come, although the interview was not arranged for her benefit. From what the mother told me I could see that Diana was organized for the contact with me just as if she knew she was coming to a psychotherapist. Before starting out she had collected together the first of her teddy bears and also her discarded transitional object. She did not bring the latter but came prepared to organize a somewhat regressive experience in her play activities. At the same time the mother and I were witnessing Diana's ability to be identified with her mother not only in respect of the pregnancy but also in respect of taking responsibility for the management of the brother.

Here, as with Edmund, the play was of a self-healing kind. In each case the result was comparable with a psychotherapeutic session in which the story would have been punctuated by interpretations from the therapist. A psychotherapist might perhaps have refrained from actively playing with Diana, as when I said I heard the teddy say something, and when I said what I said about Diana's children's dreams being played out on the floor. But this self-imposed discipline might have eliminated some of the creative aspect of Diana's play experience.

I chose these two examples simply because these were two consecutive cases in my practice that came one morning when I was engaged in the writing of this paper.

Theory of Play

It is possible to describe a sequence of relationships related to the developmental process and to look and see where playing belongs.

(A) Baby and object are merged in with one another. Baby's view of the object is subjective and the mother is orientated towards

the making actual of what the baby is ready to find.

- (B) The object is repudiated, reaccepted, and perceived objectively. This complex process is highly dependent on there being a mother or mother-figure prepared to participate and to give back what is handed out.

This means that the mother (or part of mother) is in a "to and fro" between being that which the baby has a capacity to find and (alternatively) being herself waiting to be found.

If the mother can play this part over a length of time without admitting impediment (so to speak) then the baby has some *experience* of magical control, that is, experience of that which is called "omnipotence" in the description of intrapsychic processes.

In the state of confidence which grows up when a mother can do this difficult thing well, (not if she is unable to do it) the baby begins to enjoy experiences based on a "marriage" of the omnipotence of intrapsychic processes with the baby's control of the actual. Confidence in the mother makes an intermediate playground here, where the idea of magic originates, since the baby does to some extent experience omnipotence. All this bears closely on Erikson's work on identity-formation (Erikson, 1950). I call this a playground because play starts here. The playground is a potential space between the mother and the baby or joining mother and baby.

Play is immensely exciting. It is exciting *not primarily because the instincts are involved*, be it understood. The thing about playing is always the precariousness of the interplay of personal psychic reality and the experience of control of actual objects. This is the precariousness of magic itself, magic that arises in intimacy, in a relationship that is being found to be reliable. To be reliable the relationship is necessarily motivated by the mother's love, not by reaction formations. When a patient cannot play the therapist must attend to this major symptom before interpreting fragments of behaviour.

- (C) The next stage is being alone in the presence of someone. The child is now playing on the basis of the assumption that the person who loves and who is therefore reliable is available and continues to be available when remembered after being forgotten. This

person is felt to reflect back what happens in the playing.

- (D) The child is now getting ready for the next stage which is to allow and to enjoy an overlap of two play areas. First, surely, it is the mother who plays with the baby, but she is rather careful to fit in with the baby's play activities. Sooner or later, however, she introduces her own playing, and she finds that babies vary according to their capacity to like or dislike the introduction of ideas that are not their own.

Thus the way is paved for a playing together in a relationship.

As I look back over the papers that mark the development of my own thought and understanding I can see that my present interest in play in the relationship of trust that may develop between the baby and the mother was always a feature of my consultative technique, as the following example from my first book shows (Winnicott, 1931). And further, ten years later, I was to elaborate it in my paper *The Observation of Infants in a Set Situation* (Winnicott, 1941).

Case: A girl (2463) first attended hospital when 6 months old, with moderately severe infective gastro-enteritis. She was the first baby, breast-fed. She had a tendency to constipation till 6 months, but not after.

At 7 months she was brought again because she began to lie awake, crying. She was sick after food, and did not enjoy the breast feeds. Supplementary feeds had to be given and weaning was completed in a few weeks.

At 9 months she had a fit, and continued to have occasional fits, usually at 5 a.m., about a quarter of an hour after waking. The fits affected both sides and lasted five minutes.

At 11 months the fits were frequent. The mother found she could prevent individual fits by distracting the child's attention. In one day she had to do this four times. The child had become nervy, jumping at the least sound. She had one fit in her sleep. In some of the fits she bit her tongue, and in some she was incontinent of urine.

At one year she was having four to five a day. It was noticed she would sometimes sit down after a feed, double up, and go off. She was given orange juice, then went off. She was put to sit on the floor, and a fit started. One morning she woke and immediately had a fit, then slept; soon she woke again and had another fit. At this time the fits began to be followed by a desire to sleep, but even at this severe stage the mother

could often stop a fit in the early stage by distracting the child's attention. I made at the time this note: "Taken on my knees she cries incessantly, but does not show hostility. She pulls my tie about in a careless way as she cries. Given back to her mother she shows no interest in the change and continues to cry, crying more and more pitifully right on through being dressed, and so till carried out of the building." At this time I witnessed a fit, which was marked by tonic and clonic stages and followed by sleep. The child was having four to five a day, and was crying all day, though sleeping at night.

Careful examinations revealed no sign of physical disease. Bromide was given, 3-15 gr. in the day, according to need.

At one consultation I had the child on my knee observing her. She made a furtive attempt to bite my knuckle. Three days later I had her again on my knee, and waited to see what she would do. She bit my knuckle three times so severely that the skin was nearly torn. She then played at throwing spatulas on the floor incessantly for fifteen minutes. All the time she cried as if really unhappy. Two days later I had her on my knee for half an hour. She had had four convulsions in the previous two days. At first she cried as usual. She again bit my knuckle very severely, this time without showing guilt feelings, and then played the game of biting and throwing away spatulas; *while on my knee she became able to enjoy play.*

Psychotherapy

Here in this area of overlap between the playing of the child and the playing of the other person there is a chance to introduce enrichments. The teacher aims at enrichment. The therapist is concerned specifically with the child's own growth processes, and with the removal of blocks to development that may have become evident. It is the psychoanalytic theory that has made for an understanding of these blocks. At the same time it would be a narrow view to suppose that psychoanalysis is the only way to make use therapeutically of the child's playing.

It is good to remember always that playing is itself a therapy. To arrange for children to be able to play is itself a psychotherapy that has immediate and universal application, and it includes the establishment of a positive social attitude towards playing. This attitude must include recognition that playing is always liable

to become frightening. Games and their organization must be looked at as part of an attempt to forestall the frightening aspect of playing. Responsible persons must be available when children play; but this does not mean that the responsible person need enter into the children's playing. When an organizer must be involved in a managerial position then the implication is that the child or the children are unable to play in the creative sense of my meaning in this communication.

The essential feature of my communication is this, that playing is an experience, always a creative experience, and it is an experience in the space-time continuum, a basic form of living.

The precariousness of play belongs to the fact that it is always on the theoretical line between the subjective and that which is objectively perceived.

It is my purpose here simply to give a reminder that children's playing has everything in it, although the psychotherapist works on the material, the content of playing. Naturally, in a set or professional hour a more precise constellation presents than would present in a timeless experience on the floor at home (cf. Winnicott, 1941); but it helps us to understand our work if we know that the basis of what we do is the patient's playing, a creative experience taking up space and time, and intensely real for the patient.

Also this observation helps us to understand how it is that psychotherapy of a deep-going kind may be done without interpretative work. A good example of this is the work of Axline (1947) of New York. Her work on Psychotherapy is of great importance to us. I appreciate Axline's work in a special way because it joins up with the point that I make in reporting what I call "therapeutic consultations", that the significant moment is that at which *the child surprises him- or herself*. It is not the moment of my clever interpretation that is significant.

Interpretation outside the ripeness of the material is indoctrination and produces compliance (Winnicott, 1960). A corollary is that resistance arises out of interpretation given outside the area of the overlap of the patient's and the analyst's playing. Interpretation when the patient has no capacity to play is simply not useful, or causes confusion. When there is mutual playing, then interpretation according to accepted psychoanalytic principles can carry the therapeutic work forward. *This playing has to be spontaneous and not compliant or acquiescent.*

I offer these observations for discussion.

SUMMARY

(a) To get to the idea of playing it is helpful to think of the *preoccupation* which characterizes the playing of a young child. The content does not matter. What matters is the near-withdrawal state, akin to the *concentration* of older children and adults. The playing child inhabits an area that cannot be easily left, nor can it easily admit intrusions.

(b) This area of playing is not inner psychic reality. It is outside the individual, but it is not the external world.

(c) Into this play area the child gathers objects or phenomena from external reality and uses these in the service of some sample derived from inner or personal reality. Without hallucinating the child puts out a sample of dream potential and lives with this sample in a chosen setting of fragments from external reality.

(d) In playing, the child manipulates external phenomena in the service of the dream and invests chosen external phenomena with dream meaning and feeling.

(e) There is a direct development from transitional phenomena to playing, and from playing to shared playing, and from this to cultural experiences.

(f) Playing implies trust, and belongs to the potential space between (what was at first) baby and mother-figure, with the baby in a state of near-absolute dependence, and the mother figure's adaptive function taken for granted by the baby.

(g) Playing involves the body:

- (i) because of the manipulation of objects;
- (ii) because certain types of intense interest are associated with certain aspects of bodily excitement.

(h) Bodily excitement in erotogenic zones constantly threatens playing, and therefore threatens the child's sense of existing as a person. The instincts are the main threat to play as to the ego; in seduction some external agency exploits the child's instincts and helps to annihilate the child's sense of existing as an autonomous unit, making playing impossible (cf. Khan, 1964).

(i) *Playing is essentially satisfying*. This is true even when it leads to a high degree of anxiety. There is a degree of anxiety that is unbearable and this destroys playing.

(j) The pleasurable element in playing carries with it the implication that the instinctual arousal is not excessive; instinctual arousal beyond a certain point must lead to:

- (i) climax;
- (ii) failed climax and a sense of mental confusion and physical discomfort that only time can mend;
- (iii) alternative climax (as in provocation of parental or social reaction, anger, etc.).

(k) Playing is inherently exciting and precarious. This characteristic derives *not* from instinctual arousal but from the precariousness that belongs to the interplay in the child's mind of that which is subjective (near-hallucination) and that which is objectively perceived (actual, or shared reality).

REFERENCES

- AXLINE, V. (1947). *Play Therapy*. (Cambridge, Mass: Houghton Mifflin.)
- ERIKSON, E. (1950). "Growth and crisis of the healthy personality." In: *Identity and the Life Cycle*. (New York: Int. Univ. Press.)
- FREUD, A. (1965). *Normality and Pathology in Childhood*. (London: Hogarth; New York: Int. Univ. Press.)
- KHAN, M. M. R. (1964). "The function of intimacy and acting out in sexual perversions." In: *Sexual Behaviour and the Law*. ed. Slovenko. (Springfield: Thomas.)
- KRIS, E. (1951). "Some comments and observations on early autoerotic activities." *Psychoanal. Study Child*, 6.
- LOWENFELD, M. (1935, 1967). *Play in Childhood*. Now reprinted in U.S.A. Science Editions.
- MILNER, M. (1950). *On Not Being Able to Paint*. (London: Heinemann.)
- (1955). "The role of illusion in symbol formation." In: *New Directions in Psycho-Analysis*, ed. Klein *et al.* (London: Tavistock.)
- SPITZ, R. (1962). "Autoerotism re-examined." *Psychoanal. Study Child*, 17.
- WINNICOTT, D. W. (1931). *Clinical Notes on Disorders of Childhood*. (London: Heinemann.) (Now out of print.)
- (1941). "The observation of infants in a set situation." *Int. J. Psycho-Anal.* 22. Republished in: *Collected Papers: Through Paediatrics to Psycho-Analysis*. (London: Tavistock; New York: Basic Books, 1958.)
- (1953). "Transitional objects and transitional phenomena." *Int. J. Psycho-Anal.*, 34. Republished in *Collected Papers*.

WINNICOTT, D. W. (1958). "The capacity to be alone." *Int. J. Psycho-Anal.* 39. Republished in *The Maturational Processes and the Facilitating Environment*. (London: Hogarth, 1965.)

— (1960). "Ego distortion in terms of true and

false self." In: *The Maturational Processes and the Facilitating Environment*.

WINNICOTT, D. W. (1967). "The location of cultural experience." *Int. J. Psycho-Anal.*, 48, (3).

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THE TREATMENT OF PATIENTS WITH BORDERLINE PERSONALITY ORGANIZATION¹

OTTO KERNBERG, TOPEKA

Introduction

This is the third in a series of papers about borderline personality organization. In the first (1966), I suggested that there exist two levels of ego organization resulting from the degree of synthesis of "identification systems." The term "identification systems" was used to include introjections, identifications, and ego identity as a progressive sequence in the process of internalization of object relationships. The organization of identification systems takes place first at a basic level of ego functioning at which primitive dissociation or "splitting" is the crucial mechanism for the defensive organization of the ego. Later, a second, more advanced level of defensive organization of the ego is reached, at which repression becomes the central mechanism replacing splitting. Splitting can be defined, in this restricted sense, as the active process of keeping apart identification systems of opposite quality.

I also suggested that patients with so-called "borderline" personality disorders present a pathological fixation at the lower level of ego organization, at which splitting and other related defensive mechanisms predominate. The persistence of the lower level of ego organization itself interferes with the normal development and integration of identification systems and, therefore, also with the normal development of the ego and superego.

In the second paper of this series (1967), the term "borderline personality organization" for these conditions rather than "borderline states," or other nomenclature, was used because it appears that these patients present a rather specific, quite stable, pathological personality organization rather than transitory states on the road from neurosis to psychosis, or from psychosis to neurosis. The clinical syndromes which reflect such borderline personality organization

seem to have in common: (i) typical symptomatic constellations, (ii) typical constellations of defensive operations of the ego, (iii) typical pathology of internalized object relations, and (iv) characteristic instinctual vicissitudes. Under severe stress or under the effect of alcohol or drugs, transient psychotic episodes may develop in these patients; these psychotic episodes usually improve with relatively brief but well structured treatment approaches. When psychoanalysis is attempted, these patients may develop a particular loss of reality-testing and even delusional ideas restricted to the transference situation—they develop a transference psychosis rather than a transference neurosis.

In the earlier papers the analysis of the structural characteristics of borderline personality organization was emphasized. Structural analysis referred to two issues: (i) ego strength and the characteristic defensive operations of the ego of these patients, and (ii) the pathology of their internalized object relationships. In regard to the first issue, in the borderline personality organization there are nonspecific manifestations of ego weakness, represented especially by a lack of anxiety tolerance, a lack of impulse control, and a lack of developed sublimatory channels. In addition, there are specific aspects of ego weakness: particular defences in these patients bring about distortions in ego functioning which clinically also manifest themselves as ego weakness. The implication of this observation is that the therapeutic undoing of these particular defences may actually strengthen the ego, rather than create further ego weakness. Splitting, primitive idealization, early forms of projection, and especially projective identification, denial, and omnipotence constitute characteristic defence constellations in patients with borderline personality organization.

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In regard to the second issue involved in the structural analysis of these patients, namely the pathology of their internalized object relationships, I attempted to trace the origin of that pathology, as well as its consequences for ego and superego development, with special stress on the syndrome of identity diffusion (Erikson, 1956).

Finally, I suggested that in borderline patients there is an excessive development of pregenital and, especially, oral aggression which tends to induce premature development of oedipal strivings, and as a consequence, there is a particular pathological condensation of pregenital and genital aims under the overriding influence of aggressive needs. It is this constellation of instinctual conflicts which determines the peculiar characteristics of the transference paradigms of the patients that will be discussed below.

In the present paper I shall examine the difficulties of the treatment of these patients, and present some general propositions about psychotherapeutic strategy with them. A general outline of these propositions follows.

Many patients with borderline personality organization do not tolerate the regression within a psychoanalytic treatment, not only because of their ego weakness and their proneness to develop transference psychosis, but also, and very predominantly, because the acting out of their instinctual conflicts within the transference gratifies their pathological needs and blocks further analytic progress. What appears on the surface as a process of repetitive "working through" is in reality a quite stable compromise formation centered in acting out of the transference within the therapeutic relationship.

Efforts to treat these patients with supportive psychotherapy frequently fail. Supportive psychotherapy aims at reinforcing the defensive organization of the patient, tries to prevent the emergence of primitive transference paradigms, and tries to build up a working relationship in order to help the patient achieve more adaptive patterns of living. Such an approach prevents regression within the transference; transference psychosis does not develop; and the kind of therapeutic stalemate previously mentioned is avoided. However, a supportive approach frequently fails because the characteristic defences predominating in these patients interfere with the building up of a working relationship, the "therapeutic alliance" (Sterba, 1934; Zetzel, 1966). The negative transference aspects,

especially the extremely severe latent negative transference dispositions, tend to mobilize even further the pathological defences of these patients. The final outcome of such an approach is often the splitting up of the negative transference, much acting out outside the treatment hours, and emotional shallowness in the therapeutic situation. The "emptiness" of the therapeutic interaction over long periods of time may be a consequence of such a supportive approach, and this emptiness also tends in itself to produce therapeutic stalemates. In this case, instead of the turbulent, repetitive acting out of the transference within the hours, a situation develops in which the therapist attempts to provide support, which the patient seems incapable of integrating.

In most patients with borderline personality organization, a special form of modified analytic procedure or psychoanalytic psychotherapy may be indicated. This psychotherapy differs both from the classical psychoanalytic procedure, and from the more usual forms of expressive and supportive psychoanalytically-oriented psychotherapies. Following Eissler (1953), this psychotherapeutic procedure can be described as representing the introduction of several "parameters of technique" into the psychoanalytic situation, without expecting them to be fully resolved. The term "modification of technique" seems preferable to that of "parameter of technique," when such modification is introduced into a treatment situation that corresponds to a psychoanalytic psychotherapy rather than to a classical psychoanalysis (Frosch).

The main characteristics of this proposed modification in the psychoanalytic procedure are: (i) systematic elaboration of the manifest and latent negative transference without attempting to achieve full genetic reconstructions on the basis of it, followed by "deflection" of the manifest negative transference away from the therapeutic interaction through systematic examination of it in the patient's relations with others; (ii) confrontation with and interpretation of those pathological defensive operations which characterize borderline patients, as they enter the negative transference; (iii) definite structuring of the therapeutic situation with as active measures as necessary in order to block the acting out of the transference within the therapy itself (for example, by establishing limits under which the treatment is carried out, and providing strict limits to nonverbal aggression permitted

in the hours); (iv) utilization of environmental structuring conditions, such as hospital, day hospital, foster home, etc., if acting out outside of the treatment hours threatens to produce a chronically stable situation of pathological instinctual gratification; (v) selective focusing on all those areas within the transference and the patient's life which illustrate the expression of pathological defensive operations as they induce ego weakening and imply reduced reality testing; (vi) utilization of the positive transference manifestations for maintenance of the therapeutic alliance, and only partial confrontation of the patient with those defences which protect the positive transference; (vii) fostering more appropriate expressions in reality for those sexual conflicts which, through the pathological condensation of pregenital aggression and genital needs, interfere with the patient's adaptation; in other terms, "freeing" the potential for more mature genital development from its entanglements with pregenital aggression.

Review of the Pertinent Literature

A general review of the literature on borderline conditions is included in a previous article (Kernberg, 1967). From the point of view of the treatment of borderline conditions, Knight (1953a, 1953b) and Stone (1954) present the most comprehensive overview. The main question raised in the literature is whether these patients can be treated by psychoanalysis or whether they require some form of psychotherapy. Intimately linked with this question is the delimitation of what is psychoanalysis and what is not. Thus, for example, Fromm-Reichmann (1950), who has contributed significantly to the treatment of borderline and psychotic patients, implies that the psychoanalytic procedure may be used for such patients, but she extends the concept of what is referred to as psychoanalysis to include what many other authors would definitely consider analytically-oriented psychotherapy.

Gill (1951, 1954) has attempted to delimit classical psychoanalysis from analytically-oriented psychotherapies, stating that psychoanalysis, in a strict sense, involves consistent adherence by the analyst to a position of neutrality (and neutrality, he rightly states, does not mean mechanical rigidity of behaviour with suppression of any spontaneous responses). He believes that psychoanalysis requires the development of a full, regressive transference neurosis and that

the transference must be resolved by techniques of interpretation alone. In contrast, Gill further states, analytically-oriented psychotherapies imply less strict adherence to neutrality; they imply recognition of transference phenomena and of transference resistance, but they use varying degrees of interpretation of these phenomena without permitting the development of a full-fledged transference neurosis, and they do not imply resolution of the transference on the basis of interpretation alone.

This delimitation is a useful one but exception can be taken to Gill's (1954) implication that in psychoanalysis the analyst "actively produces" the regressive transference neurosis. In agreement with Macalpine (1950), Gill (1954) states that "the analytic situation is specifically designed to enforce a regressive transference neurosis". However, the analytic situation permits the development of the regressive pull inherent in the emergence of the repressed, pathogenic childhood conflicts. Macalpine's description of what she calls the regressive, infantile setting of the analytic situation seriously neglects the progressive elements given in that situation, such as the respect of the analyst for the patient's material, for his independence, and the implicit trust and confidence the analyst has for the patient's capacity to mature, and to develop his own solutions (G. Ticho).

To return to the main point, Gill's definition is very helpful in differentiating psychoanalysis proper from the psychoanalytically-oriented or exploratory psychotherapies. Eissler (1953) has further clarified this issue in his discussion of the "parameters of technique," which imply modifications of the analytic setting usually necessary in patients with severe ego distortions. He suggests that the treatment still remains psychoanalysis if such parameters are introduced only when indispensable, not transgressing any unavoidable minimum, and when they are used only under circumstances which permit their self-elimination, their resolution through interpretation before termination of the analysis itself. Actually, as Gill (1954) points out, this involves the possibility of converting a psychotherapy into analysis. Additional clarifications of the differences between psychoanalysis and other related psychotherapies can be found in papers by Stone (1951), Bibring (1954), and Wallerstein and Robbins (1956).

From the viewpoint of Gill's delimitation of psychoanalysis, it appears that authors dealing with the problem of the treatment of borderline

conditions may be placed on a continuum ranging from those who recommend psychoanalysis, to those who believe that psychotherapy rather than psychoanalysis, and especially a supportive form of psychotherapy, is the treatment of choice. Somewhere in the middle of this continuum there are those who believe that some patients presenting borderline personality organization may still be analysed while others would require expressive psychotherapy; and also there are those who do not sharply differentiate between psychoanalysis and psychotherapy.

The first detailed references in the literature to the therapeutic problems with borderline patients were predominantly on the side of recommending modified psychotherapy with supportive implications, in contrast to classical psychoanalysis. Stern (1938, 1945) recommends an expressive approach, with a constant focus on the transference rather than on historical material, and with constant efforts to reduce the clinging, childlike dependency of the patient on the analyst. He feels that these patients need a new and realistic relationship, in contrast to the traumatic ones of their childhood; he believes that such patients can only gradually develop the capacity to establish a transference neurosis similar to that of the usual analytic patient. He concludes that analysis may and should be attempted only at later phases of their treatment. Schmilberg (1947) recommends an approach probably best designated as expressive psychotherapy, and is of the opinion that these patients cannot be treated by classical analysis. Knight's (1953a,b) important contributions to the psychotherapeutic strategy with borderline cases lean definitely in the direction of the purely supportive approach, on one extreme of the continuum. He stresses the importance of strengthening the ego of these patients, and of respecting their neurotic defences; he considers "deep interpretations" dangerous because of the regressive pull that such interpretations have, and because the weak ego of these patients makes it hard enough for them to keep functioning on a secondary process level. He stresses the importance of structure, both within the psychotherapeutic setting and in the utilization of the hospital and day hospital, as part of the total treatment programme for such patients.

Somewhere toward the middle of the spectrum are the approaches recommended by Stone (1954) and Eissler (1953). Stone feels that borderline patients may need preparatory psy-

chotherapy but that at least some of these patients may be treated with classical psychoanalysis either from the beginning of treatment or after some time to build up a working relationship with the therapist. Stone also agrees with Eissler that analysis can be attempted at later stages of treatment with such patients only if the previous psychotherapy has not created transference distortions of such magnitude that the parameters of technique involved cannot be resolved through interpretation. Eissler suggested that in some cases it might be necessary to change analysts for the second phase of the treatment. Glover (1955) implies that at least some of these cases are "moderately accessible" to psychoanalysis.

At the other end of the spectrum are a number of analysts influenced to varying degrees by the so-called British school of psychoanalysis (Bion, 1957; Heimann, 1955b; Little, 1951; Rosenfeld, 1958; Segal, 1964; Winnicott, 1949, 1960). These analysts believe that classical psychoanalytic treatment can indeed be attempted with many, if not all, borderline patients. Some of their contributions have been of crucial importance to the better understanding of the defensive organization, and the particular resistances characteristic of patients with borderline personality organization. Despite my disagreement with their general assumption about the possibility of treating most borderline patients with psychoanalysis, I believe that the findings of these analysts permit modifications of psychoanalytically-oriented psychotherapies specifically adapted to the transference complications of borderline patients: I am referring here especially to the work of Little (1958, 1960a,b), Winnicott (1949), Heimann (1955b), Rosenfeld (1964), and Segal (1964).

My suggestions for treatment outlined in the present paper would appear in the middle zone of the continuum: in my opinion, in most patients presenting borderline personality organization a modified analytic procedure or special form of expressive psychoanalytic psychotherapy rather than classical psychoanalysis is indicated. This expressive approach should involve consistent interpretive work with those defensive operations reflecting the negative transference and contributing directly or indirectly to maintaining the patient's ego weakness. There are some patients with borderline personality organization for whom psychoanalysis is definitely indicated and I shall attempt to identify them.

Transference and Countertransference Characteristics

An important feature of the therapeutic problems with borderline patients is the development of transference psychosis. Several authors have described the characteristics of this transference regression, and a general summary about this issue can be found in a paper by Wallerstein (1967).

Perhaps the most striking characteristic of the transference manifestations of patients with borderline personality organization is the premature activation in the transference of very early conflict-laden object relationships in the context of ego states that are dissociated from each other. It is as if each of these ego states represents a full-fledged transference paradigm, a highly developed, regressive transference reaction within which a specific internalized object relationship is activated in the transference. This is in contrast to the more gradual unfolding of internalized object relationships as regression occurs in the typical neurotic patient. Clinical experience reveals that the higher levels of depersonified and abstracted superego structures are missing to an important extent, and the same is true for many autonomous ego structures, especially neutralized, secondarily autonomous character structures. Thus the premature activation of such regressed ego states represents the pathological persistence of "non-metabolized" internalized object relations of a primitive and conflict-laden kind.

The conflicts that typically emerge in connection with the reactivation of these early internalized object relations may be characterized as a particular pathological condensation of pregenital and genital aims under the overriding influence of pregenital aggression. Excessive pregenital, and especially oral, aggression tends to be projected and determines the paranoid distortion of the early parental images, particularly those of the mother. From a clinical point of view, whether this is a consequence of severe early frustration or actual aggression on the mother's part, whether it reflects excessive constitutional aggressive drive derivatives, whether it reflects a lack of capacity to neutralize aggression or lack of constitutionally determined anxiety tolerance, is not so important as the final result—the paranoid distortion of the early parental images. Through projection of predominantly oral-sadistic and also anal-sadistic impulses, the mother is seen as potentially dangerous, and hatred of the mother extends to

a hatred of both parents when later they are experienced as a "united group" by the child. A "contamination" of the father image by aggression primarily projected onto mother and lack of differentiation between mother and father tend to produce a combined, dangerous father-mother image and a later conceptualization of all sexual relationships as dangerous and infiltrated by aggression. Concurrently, in an effort to escape from oral rage and fears, a "flight" into genital strivings occurs; this flight often miscarries because of the intensity of the pregenital aggression which contaminates the genital strivings (Heimann, 1955a).

The transference manifestations of patients with borderline personality organization may at first appear completely chaotic. Gradually, however, repetitive patterns emerge, reflecting primitive self-representations and related object-representations under the influence of the conflicts mentioned above, and appear in the treatment as strongly negative transference paradigms. The defensive operations characteristic of borderline patients (splitting, projective identification, denial, primitive idealization, omnipotence) become the vehicle of the transference resistances. The fact that these defensive operations have, in themselves, ego-weakening effects (Kernberg, 1966, 1967) is suggested as a crucial factor in the severe regression that soon complicates the premature transference developments.

What is meant by "ego weakness" in borderline patients? To conceive of ego weakness as consisting of a rather frail ego barrier which, when assaulted by id derivatives, is unable to prevent them from "breaking through" or "flooding" the ego, appears insufficient. Hartmann and his colleagues' (1946) and Rapaport (1957) analyses of the ego as an overall structure within which sub-structures determine specific functions, as well as being determined by them, convincingly imply that ego weakness should be conceptualized not simply as absence or weakness of such structures, but as replacement of higher-level by lower-level ego structures. One aspect of ego weakness in patients with borderline personality organization is evidenced by the "lower" defensive organization of the ego in which the mechanism of splitting and other related defences are used, in contrast to the defensive organization of the ego around the "higher" mechanism of repression and other related defences in neuroses (Kernberg, 1966). Also, the failure of normal integration of the

structures derived from internalized object relationships (integrated self-concept, realistic object representations, integration of ideal-self and ideal-object representations into the ego ideal, integration of superego forerunners with more realistic introjections of parental images into the superego, etc.) interferes with the process of identity formation and individualization, and with neutralization and abstraction of both ego and superego functions. All of this is reflected in the reduction of the conflict-free ego sphere, clinically revealed in the presence of "nonspecific" aspects of ego weakness, particularly a lack of anxiety tolerance, a lack of impulse control, and a lack of developed sublimatory channels (Kernberg, 1967).

In addition, and most importantly from the point of view of psychotherapeutic intervention with these patients, "nonspecific" ego weakness is also evident in the relative incapacity of the patients with such a pathological ego organization tentatively to dissociate their ego into an experiencing and an observing part and in the related incapacity to establish a therapeutic alliance. The dynamics of borderline personality organization are much more complicated than what is conveyed by the metaphor of "flooding" the ego because of its "weak barriers," because underneath the "weaknesses" are extremely strong, rigid, primitive, and pathological ego structures.

Let us now return to the issue of transference regression in these patients. Once they embark upon treatment, the crucial decompensating force is the patient's increased effort to defend himself against the emergence of the threatening primitive, especially negative, transference reactions by intensified utilization of the very defensive operations which have contributed to ego weakness in the first place. One main "culprit" in this regard is probably the mechanism of projective identification, described by Melanie Klein (1946) and others (Heimann, 1955; Money-Kyrle, 1956; Rosenfeld, 1963; Segal, 1964). Projective identification is a primitive form of projection, mainly called upon to externalize aggressive self- and object-images; "empathy" is maintained with the real objects onto which the projection has occurred, and is linked with an effort to control the object now feared because of this projection (Kernberg, 1965, 1967).

In the transference this is typically manifest as intense distrust and fear of the therapist, who is experienced as attacking the patient, while the

patient himself feels empathy with that projected intense aggression and tries to control the therapist in a sadistic, overpowering way. The patient may be partially aware of his own hostility but feel that he is simply responding to the therapist's aggression, and that he is justified in being angry and aggressive. It is as if the patient's life depended on his keeping the therapist under control. The patient's aggressive behaviour, at the same time, tends to provoke from the therapist counter-aggressive feelings and attitudes. It is as if the patient were pushing the aggressive part of his self onto the therapist and as if the countertransference represented the emergence of this part of the patient from within the therapist (Money-Kyrle, 1956; Racker, 1957).

It has to be stressed that what is projected in a very inefficient and self-defeating way is not "pure aggression," but a self-representation or an object-representation linked with that drive derivative. Primitive self- and primitive object-representations are actually linked together as basic units of primitive object relationships (Kernberg, 1966), and what appears characteristic of borderline patients is that there is a rapid oscillation between moments of projection of a self-representation while the patient remains identified with the corresponding object-representation, and other moments in which it is the object-representation that is projected while the patient identifies with the corresponding self-representation. For example, a primitive, sadistic mother image may be projected onto the therapist while the patient experiences himself as the frightened, attacked, panic-stricken little child; moments later, the patient may experience himself as the stern, prohibitive, moralistic (and extremely sadistic) primitive mother image, while the therapist is seen as the guilty, defensive, frightened but rebellious little child. This situation is also an example of "complementary identification" (Racker, 1957).

The danger in this situation is that under the influence of the expression of intense aggression by the patient, the reality aspects of the transference-countertransference situation may be such that it comes dangerously close to reconstituting the originally projected interaction between internalized self- and object-images. Under these circumstances, vicious circles may be created in which the patient projects his aggression onto the therapist and reintjects a severely distorted image of the therapist under

the influence of the projected aggressive drive derivatives, thus perpetuating the pathological early object relationship. Heimann (1955b) has illustrated these vicious circles of projective identification and distorted reintjection of the therapist in discussing paranoid defences. Strachey (1934) has referred to the general issue of normal and pathological introjection of the analyst as an essential aspect of the effect of interpretation, especially in regard to modifying the superego. This brings us to the problem of the influence of "mutative interpretations" (Strachey) on the establishment and maintenance of the therapeutic alliance.

It was mentioned above that one aspect of ego weakness in patients with borderline personality organization is the relative absence of an observing ego. We may now add that this factor is compounded by the patient's distortion of the therapist resulting from excessive projective operations under the influence of the negative transference. To establish a therapeutic alliance with the therapist becomes equal to submission to him as a dangerous, powerful enemy, and this further reduces the capacity for the activation of the observing ego.

A repeated observation from the Psychotherapy Research Project at The Menninger Foundation, about the psychotherapy of borderline patients, is that a high price was paid when the therapist tried to stay away from the latent negative transference and attempted to build a therapeutic relationship with the patient in an atmosphere of denial of that negative transference. Frequently, under these conditions, the results were an emotionally shallow therapeutic relationship, and a pseudo-submission by the patient to what he experienced as the therapist's demands. Serious acting out or even interruption of the treatment followed periods in which the therapist thought that the patient was "building up an identification" with him, or "introjecting value systems" of the therapist, while the patient remained emotionally detached. The implication is that a consistent undoing of the manifest and latent negative transference is an important, probably indispensable, prerequisite for a broadening of the observing ego and for solidifying a therapeutic alliance.

The gradual broadening of the conflict-free ego sphere together with a broadening of the observing ego throughout therapy facilitates the disruption of the vicious circle of projection and reintjection of sadistic self- and object-images in the transference. Strachey (1934), in his

description of mutative interpretations, identifies two phases of such interpretations: the first phase consists of a qualitative modification of the patient's superego; and the second consists of the patient's expressing his impulses more freely, so that the analyst can call attention to the discrepancy between the patient's view of him as an archaic fantasy object, and the analyst as a real external object. Strachey implies that first the patient permits himself to express his aggression in a freer way, as his superego prohibitions decrease; only then can the patient become aware of the excessive, inappropriate nature of his aggressiveness toward the external object and be able to acquire insight into the origin of his reaction; so the need to project such aggression once again onto the analyst gradually decreases. I would add to this description that, both in the phase of superego modification and in the phase of differentiation between the patient's fantasied object and the analyst as a different object, an observing ego is needed. Thus, the observing ego and interpretation of projective-introjective cycles mutually reinforce each other.

The discussion of projective identification leads to the issue of how the intensity of projection and reintjection of aggressive drive-derivatives in the transference interferes with the observing functions of the ego; and this interference in itself contributes to the transference regression. Yet, the most important way in which projective identification contributes to the transference regression is the rapid oscillation of projection of self- and object-images; this rapid oscillation undermines the stability of the patient's ego boundaries in his interactions with the therapist.

In previous papers (1966, 1967) I have commented on the differentiation between self- and object-representations which are part of early introjections and identifications. The organizing function of this differentiation of ego boundaries was stressed. In the psychosis, such differentiation between self- and object-images does not take place sufficiently and ego boundaries are therefore missing to a major extent. In contrast, in patients presenting borderline personality organization, this differentiation has taken place sufficiently, and therefore ego boundaries are more stable. The borderline patient is capable of differentiating the self from external objects, internal experience from external perception, and reality testing is also preserved to a major extent. This capacity of the borderline

patient is lost within the transference regression.

Rapidly alternating projection of self-images and object-images representing early pathological internalized object relationships, produces a confusion of what is "inside" and "outside" in the patient's experience of his interactions with the therapist. It is as if the patient maintained a sense of being different from the therapist at all times, but concurrently he and the therapist were interchanging their personalities. This is a frightening experience which reflects a breakdown of ego boundaries in that interaction, and as a consequence there is the loss of reality testing in the transference. It is this loss of reality testing in the transference which most powerfully interferes with the patient's capacity to distinguish fantasy from reality, and past from present in the transference, and also interferes with his capacity to distinguish his projected transference objects from the therapist as a real person. Under such circumstances, the possibility that a mutative interpretation will be effective is seriously threatened. Clinically, this appears as the patient experiencing something such as, "Yes, you are right in thinking that I see you as I saw my mother, and that is because she and you are really identical". It is at this point that what has been referred to above as a transference psychosis is reached.

At this point, the therapist and the transference object become identical, the loss of reality testing is reflected in the development of delusions, and even hallucinations may complicate the transference reaction. The therapist may be identified with a parental image: one patient felt that the therapist had become her father and would rape her. At other times the therapist may be identified with a projected dissociated self-representation: one patient became convinced that his analyst carried on an affair with the patient's mother and threatened to kill him.

"Transference psychosis" is a term which should be reserved for the loss of reality testing and the appearance of delusional material within the transference that does not affect very noticeably the patient's functioning outside the treatment setting. There are patients who have a psychotic decompensation during treatment which is for all purposes indistinguishable from any other psychotic breakdown, and which affects their life in general as well as the therapeutic situation. It may be that regression in the transference did contribute to the breakdown, but it is questionable whether the term trans-

ference psychosis is always warranted under these conditions. In contrast, patients with a typical transference psychosis may develop delusional ideas and what amounts to psychotic behaviour within the treatment hours, over a period of days and months, without showing these manifestations outside the hours. Hospitalization may sometimes be necessary for such patients, and at times it is quite difficult to separate a transference-limited psychotic reaction from a broader one. Nevertheless, in many borderline patients this delimitation is quite easy, and it is often possible to resolve the transference psychosis within the psychotherapy (Holzman and Ekstein, 1959; Little, 1958; Reider, 1957; Romm, 1957; Wallerstein, 1967). Control of transference acting out within the therapeutic relationship becomes of central importance.

Transference acting out within the therapeutic relationship refers to the acting out of the transference reaction in the hours, within the treatment setting itself. As part of the transference regression, any patient may tend to act toward the therapist rather than reflect on his feelings about him. For example, rather than verbally expressing strong feelings of anger and reflecting on the implications and sources of this anger, a patient may yell at the therapist, insult him, and express his emotions in what amounts to direct actions rather than verbally, over a period of weeks and months. This, of course, is not exclusive to borderline patients, but in the typical analytic treatment of neurotic patients such acting out during the hours only occurs at points of severe regression, after many months of build-up, and can usually be resolved by interpretation alone. This is not so in the case of patients with borderline personality organization, and the therapist's efforts to deal with acting out within the therapeutic relationship by interpretation alone, especially when it is linked with a transference psychosis, frequently appears to fail. This is partly so because of the loss of the observing ego by virtue of the projective-introjective cycles mentioned and because of the loss of ego boundaries and of the reality testing that goes with it. To a major degree, however, such unrelenting transference acting out is highly resistant to interpretation because it also gratifies the instinctual needs of these patients, especially those linked with the severe, pre-oedipal aggressive drive-derivatives so characteristic of them. It is this gratification of instinctual needs which represents the major transference resis-

tance. Two clinical examples will illustrate this point.

A hospitalized borderline patient literally yelled at her hospital physician during their early half-hour interviews, and her voice carried to all the offices in the building. After approximately two weeks of such behaviour, which the hospital physician felt unable to influence by any psychotherapeutic means, he saw her by chance shortly after leaving his office. He was still virtually trembling, and was struck by the fact that the patient seemed completely relaxed, and smiled in a friendly way while talking to some other patients with whom she was acquainted. Before entering the hospital, the patient had engaged in bitter fights with her parents for many years. In the hospital, all this fighting centred on her physician, while the hospital staff was surprised by the relaxation she showed with other personnel. It gradually became clear that her angry outbursts toward her physician reflected a gratification of her aggressive needs far beyond any available to her before she entered the hospital, and that this gratification in itself was functioning as the major transference resistance. When this was conveyed to her, and the hospital physician limited the amount of yelling and insulting that would be permitted in the hours, the patient's anxiety increased noticeably outside the hours, her conflictual patterns became more apparent within the hospital, and shifting attitudes in the transference became apparent, indicating movement in the therapy.

Another patient who was seen in expressive psychotherapy demanded an increase of his hours in an extremely angry, defiant way. Over a period of time it was interpreted to him that it was hard for him to tolerate the guilty feelings over his own greediness, and that he was projecting that guilt onto the therapist in the form of fantasies of being hated and depreciated by him. It was also interpreted that his demands to see the therapist more often represented an effort to reassure himself of the therapist's love and interest in order to neutralize his distrust and suspiciousness of the therapist's fantasied hatred of him. The patient seemed to understand all this but was unable to change his behaviour. The therapist concluded that the patient's oral aggression was being gratified in a direct way through these angry outbursts, and that this development might contribute to a fixation of the transference. The therapist told the patient of his decision not to increase the

hours and at the same time presented as a condition for continuing the treatment that the patient exercise some degree of control over the form and appropriateness of the expression of his feelings in the hours. With this modification of technique in effect, a noticeable change occurred over the next few days. The patient became more reflective, and finally was even able to admit that he had obtained a great satisfaction from being allowed to express intense anger at the therapist in such a direct way.

The acting out of the transference within the therapeutic relationship becomes the main resistance to further change in these patients, and parameters of technique required to control the acting out should be introduced in the treatment situation. There is a danger of entering the vicious circle of projection and reintrojection of sadistic self- and object-images of the patient as the therapist introduces parameters of technique. He may appear to the patient as prohibitive and sadistic. This danger can be counteracted if the therapist begins by interpreting the transference situation, then introduces structuring parameters of techniques as needed, and finally interprets the transference situation again without abandoning the parameters. Some aspects of this technique have been illustrated in a different context by Sharpe (1950), who demonstrates how to deal with acute episodes of anxiety.

In many cases, the consistent blocking of the transference acting out within the therapeutic relationship is sufficient in itself to reduce and delimit the transference psychosis to such an extent that further interpretive work may suffice to dissolve it. The very fact that the therapist takes a firm stand and creates a structure within the therapeutic situation which he will not abandon tends to enable the patient to differentiate the therapist from himself, and thus to undo the confusion caused by frequent "exchange" of self- and object-representation projections by the patient. Also, such a structure may effectively prevent the therapist's acting out his countertransference, especially the very damaging chronic countertransference reactions which tend to develop in intensive psychotherapy with borderline patients (Sutherland).

Chronic countertransference fixations are to an important degree a consequence of the patient's success in destroying the analyst's stable and mature ego identity in their relationship (Kernberg, 1965). In order to keep in emotional contact with the patient, analysts

working with patients presenting borderline personality organization have to be able to tolerate a regression within themselves, which on occasions may reactivate the remnants of early, conflict-laden relationships in the therapist. Aggressive impulses tend to emerge in the analyst, which he has to control and utilize in gaining a better understanding of the patient. The extra effort needed for this work with the counter-transference and the very tolerance and neutrality toward the patient which is part of the analyst's effort to keep in emotional touch with him, increase the stress within the therapist. At the same time, the aggressive behaviour of patients with severe transference regression continuously undermines the analyst's self-esteem and self-concept in their interaction, and thus also the integrating ego function of the analyst's ego identity. Thus, the analyst may be struggling at the same time with the upsurge of primitive impulses in himself, with the tendency to control the patient as part of his efforts to control these impulses, and with the temptation to submit in a masochistic way to the patient's active efforts of control (Money-Kyrle, 1956). Under these circumstances, pathological, previously abandoned defensive operations and especially neurotic character traits of the analyst may become reactivated, and the patient's and the analyst's personality structures come to appear as if they were "pre-matched" to each other, interlocked in a stable, insoluble transference-countertransference bind. The establishment and maintenance of structuring parameters or modifications of technique is, then, a fundamental, protective technical requirement at that point and often has to be maintained throughout a great part of the course of the psychotherapy with borderline patients.

The issue of the indications for hospitalization, in order to provide this structure when it is not possible to provide it otherwise, is beyond the scope of this paper. I would only stress that for many patients hospitalization is indispensable to creating and maintaining an environmental structure which effectively controls transference acting out.

Does the transference psychosis also represent the reproduction of unconscious, pathogenic object relationships of the past, and thus provide further information about the patient's conflicts? Sometimes it appears difficult to find evidence in the patient's past of interactions with the parental figures characterized by the violence and primitiveness of the transference

reaction at the level of a regressive transference psychosis. At other times, the transference indeed appears to reflect actual, very traumatic experiences that these patients have undergone in their infancy and early childhood (Frosch; Holzman and Ekstein, 1959). It is probable that the transference in all of these patients originates, to a large extent, in the fantasy distortions which accompanied the early pathogenic object relationships, as well as in the relationships themselves, and in the pathological defensive operations mobilized by the small child to extricate himself from the threatening interpersonal relationships. The transference psychosis represents a condensation of actual experiences, a gross elaboration of them in fantasy, and efforts to modify or turn away from them (Klein, 1952). This brings us to the technical problems of dealing with the pathological defensive operations characteristic of borderline patients which were mentioned above. Interpretive work attempting to undo these pathological operations as they enter the transference may further serve to resolve the transference psychosis and to increase ego strength.

Because the acting out of the transference within the therapeutic relationship itself appears to be such a meaningful reproduction of past conflicts, fantasies, defensive operations, and internalized object relationships of the patients, one is tempted to interpret the repetitive acting out as evidence for a working through of these conflicts. The repetition compulsion expressed through transference acting out cannot be considered working through as long as the transference relationship provides these patients with instinctual gratification of their pathological, especially their aggressive needs. Some of these patients obtain much more gratification of their pathological instinctual needs in the transference than would ever be possible in extra-therapeutic interactions. The patient's acting out at the regressed level overruns the therapist's effort to maintain a climate of "abstinence". At the other extreme, to maintain such a rigid and controlled treatment structure that the transference development is blocked altogether, and especially the negative transference remains hidden, appears also to induce a stalemate of the therapeutic process, which is as negative in its effect as unchecked transference acting out. A "purely supportive" relationship, understood as a careful avoidance of focusing on the transference, often brings about a chronic shallowness of the therapeutic relationship, acting out outside

the treatment hours which is rigidly split off from the transference itself, pseudo-submission to the therapist, and a lack of change despite years of treatment. There are patients who in spite of all efforts cannot tolerate transference regression, nor the establishment of any meaningful relationship, without breaking it off; nevertheless, the overall psychotherapeutic chances are much better when attempts are made to undo emotional shallowness and bring about a real emotional involvement within the therapy. The price is high, the danger of excessive transference regression unavoidable, but with a careful and consistent structuring of the therapeutic relationship it should be possible in most cases to prevent the development of insoluble transference-countertransference binds.

How much of a "real person" does the therapist need to appear to be in the patient's eyes? Several authors have stressed the importance of the therapist appearing as a "real person," permitting the patient to use him as an object for identification and superego introjection. Gill (1954) has stated that "... we have failed to carry over into our psychotherapy enough of the non-directive spirit of our analysis". If what is meant by "real person" refers to the therapist's direct and open interventions, his providing structure and limits, and his active refusal to be forced into regressive countertransference fixations, then the therapist should indeed be a real person. However, if what is meant by "real person" is that the regressive transference reactions of borderline patients, their inordinate demands for love, attention, protection, and gifts should be responded to by "giving" beyond what an objective, professional psychotherapist-patient relationship would warrant, objection must be made to the therapist being such a "real person". What has been called the excessive "dependency needs" of these patients actually reflects their incapacity really to depend upon anyone, because of the severe distrust and hatred of themselves and of their past internalized object images that are reactivated in the transference. The working through of the negative transference, the confrontation of the patients with their distrust and hatred, and with the ways in which that distrust and hatred destroys their capacity to depend on what the psychotherapist can realistically provide, better fulfills their needs. Clinical experience has repeatedly demonstrated that the intervention of the psychotherapist as a particular individual, opening his own life, values,

interests and emotions to the patient, is of very little, if any, help.

The supposition that the patient may be able to identify himself with the therapist while severe, latent, negative transference dispositions are in the way, or are being acted out outside the treatment setting, appears highly questionable. The development of an observing ego appears to depend not on the therapist's offering himself as an unconditional friend, but as a consequence of a combined focus on the pathological cycles of projective and introjective processes, on transference distortion and acting out, and on the observing part of the ego itself. In this connection, what Ekstein and Wallerstein (1956) have observed in regard to borderline children, holds true for adults also:

This maintenance of the therapeutic relationship, often made possible by interpreting within the regression, thus lays the foundation for the new development of identificatory processes rather than the superimposition of an imitative façade ...

A systematic focus on and analysis of the manifest and latent negative transference is essential to undo the vicious cycle of projection and reintroduction of pathological, early self- and object-representations under the influence of aggressive drive derivatives. This systematic analysis, together with the blocking of transference acting out and a direct focusing on the observing function of the ego, represent basic conditions for change and growth in the therapy. In addition, the interpretation of the negative transference should stop at the level of the "here and now," and should only partially be referred back to its genetic origins, to the original unconscious conflicts of the past. At the same time, the ventilation and interpretation of the negative transference should be completed by a systematic examination and analysis of the manifestations of these negative transference aspects outside the therapeutic relationship, in the patient's immediate life in all areas of interpersonal interactions.

The rationale for this suggestion is that the regressive nature of the transference reaction makes it hard enough for the patient to differentiate the therapist as a real person from the projected transference objects, and that genetic reconstructions, by further opening up regressive channels, may further reduce the reality-testing of the patient. This does not mean that the patient's past should not be drawn into the transference interpretation when that past is

a conscious memory for the patient rather than a genetic reconstruction, and when it reflects realistic aspects of his past and preconscious fantasy distortions of it. Sometimes a reference to an experience from the past relating to what the patient erroneously perceives in the therapist now, may actually help the patient to separate reality from transference. The secondary "deflection" of the negative transference by incorporating its interpretation into the broader area of the patient's interactions outside the treatment and his conscious past tends to foster the patient's reality testing and to provide considerable support within an essentially expressive psychotherapeutic approach.

The question of "insight" in borderline patients deserves discussion. Unfortunately, one frequently finds that what at first looks like insight into "deep" layers of the mind and into unconscious dynamics on the part of some borderline patients is actually an expression of the ready availability of primary process functioning as part of the general regression of ego structures. Insight which comes without any effort, is not accompanied by any change in the patient's intrapsychic equilibrium, and, above all, is not accompanied by any concern on the patient's part for the pathological aspects of his behaviour or experience, is questionable "insight". Findings from the Psychotherapy Research Project at The Menninger Foundation encourage a restriction of the concept of insight, especially in applying it to the description of borderline patients. "Authentic" insight is a combination of the intellectual and emotional understanding of deeper sources of one's psychic experience, accompanied by concern for and an urge to change the pathological aspects of that experience.

The differentiation of "positive" and "negative" transference requires further scrutiny. To classify a transference as positive or negative is certainly a rather crude oversimplification. Transference is usually ambivalent and has multiple aspects within which it is often hard to say what is positive and what is negative, what is libidinally derived and what is aggressively derived. Patients with borderline personality organization are especially prone to dissociate the positive from the negative aspects of the transference, and often tend to produce an apparent "pure" positive or "pure" negative transference. It is important to undo this artificial separation, which is one more example of the operation of the mechanism of splitting in

these cases. It would be misleading to understand the emphasis on a consistent working through of the negative transference as implying a neglect of the positive aspects of the transference reactions. On the contrary, emphasis on the positive as well as on the negative transference is essential for decreasing the patient's distorted self- and object-images under the influence of aggressive drive-derivatives, and for reducing his fears of his own "absolute" badness. The positive aspects of the transference have to be highlighted therefore, in combination with the ventilation of the negative aspects of the transference. It is important to deal with the here-and-now of the positive as well as the negative aspects of the transference of borderline patients, without interpreting the genetic implications of their aggressive and libidinal drives (G. Ticho). At the same time, a good part of the positive transference disposition available to the patient may be left in its moderate, controlled expression, as a further basis for the development of a therapeutic alliance and for the ultimate growth of the observing ego (Schlesinger, 1966).

Psychotherapeutic Approaches to the Specific Defensive Operations

I referred in earlier papers (1966, 1967) to the mechanism of splitting and other related ones (primitive idealization, projective identification, denial, omnipotence), all of which are characteristic of borderline patients. Here I will limit myself to stating how these defensive operations appear from a clinical point of view, and to suggest overall psychotherapeutic approaches in dealing with them.

(1) Splitting

It needs to be stressed once more that the term "splitting" is used here in a restricted, limited sense, referring only to the process of active keeping apart of introjections and identifications of opposite quality; and this use of the term should be differentiated from its broader use by other authors. The manifestations of splitting can be illustrated with a clinical example.

The patient was a single woman in her late thirties, hospitalized because of alcoholism and drug addiction. She appeared to make remarkably steady progress in the hospital after an initial period of rebelliousness. She started psychotherapy several months before her discharge from the hospital, and then continued in outpatient psychotherapy. In contrast to her

previously disorganized life and work, she seemed to adjust well to work and social relations outside the hospital, but established several relationships, each of a few months duration, with men who appeared to exploit her and with whom she adopted quite masochistic attitudes. The therapeutic relationship was shallow; the patient was conventionally friendly. A general feeling of "emptiness" appeared to hide a strong suspiciousness, which she emphatically denied and only later admitted to her former hospital doctor but not to her psychotherapist. After a period of several months of complete abstinence, she got drunk, became quite depressed, had suicidal thoughts, and had to be rehospitalized. At no point did she let the therapist know what was going on and he only learned about this development after she was back in the hospital. Once out of the hospital again, she denied all transference implications and indeed all emotional implications of the alcoholic episode. It must be stressed that she had the memory of strong emotions of anger and depression during the days in which she was intoxicated, but she no longer felt connected with that part of herself and repeatedly expressed her feelings that this was simply not her, and she could not see how such an episode could possibly occur again.

This marked the beginning of a long effort on the therapist's part, over a period of several months, to bring the usual "empty", "friendly" but detached attitude of the patient together with her emotional upheaval during the alcoholic crisis, and especially with her efforts to hide that crisis from the therapist. Only after two more episodes of this kind, separated from each other by periods of apparently more adaptive behaviour and good functioning over several months, did it become evident that she was experiencing the therapist as the cold, distant, hostile father who had refused to rescue her from an even more rejecting, aggressive mother. The patient, at one point, told the therapist with deep emotion how on one occasion, in her childhood, she had been left abandoned in her home, suffering from what later turned out to be a severe and dangerous illness, by her mother who did not wish her own active social life to be interfered with. The patient felt that if she really expressed to the psychotherapist-father how much she needed him and loved him, she would destroy him with the intensity of her anger over having been frustrated so much for so long. The solution

was to keep what she felt was the best possible relationship of detached friendliness with the therapist, while splitting off her search for love, her submission to sadistic father representatives in her masochistic submission to unloving men, and her protest against father in alcoholic episodes during which rage and depression were completely dissociated emotionally from both the therapist and her boy friends.

Efforts to bring all this material into the transference greatly increased the patient's anxiety; she became more distrustful and angry with the psychotherapist, the drinking reverted to her old pattern of chaotic involvements with men associated with excessive intake of alcohol, and all efforts to deal with this acting out through psychotherapeutic means alone failed. The decision was made to rehospitalize her. It should be stressed that from a superficial point of view the patient appeared to have done quite well earlier in the psychotherapy but now appeared to be much worse. Nevertheless, it was the psychotherapist's conviction that for the first time he was dealing with a "real" person. He hoped that a continuation of psychotherapy combined with hospitalization for as long as necessary might help her to finally overcome the stable, basic transference paradigm outlined above.

This case illustrates a strong predominance of the mechanism of splitting, its defensive function against the emergence of a rather primitive, predominantly negative transference, and its consequences evident in the shallowness and artificiality of the therapeutic interaction. A therapeutic alliance could not be established with this patient before the mechanism of splitting had been sufficiently overcome. Only consistent interpretation of the patient's active participation in maintaining herself "compartmentalized" finally could change the stable, pathological equilibrium. Consistent efforts had to be made to bridge the independently expressed, conflicting ego states, and the secondary defences protecting this dissociation had to be sought out and ventilated in the treatment. With these patients it is not a matter of searching for unconscious, repressed material, but bridging and integrating what appears on the surface to be two or more emotionally independent, but alternately active ego states.

2. Primitive idealization

Primitive idealization (Kernberg, 1967) manifests itself in the therapy as an extremely

unrealistic, archaic form of idealization. This idealization appears to have as its main function the protection of the therapist from the patient's projection onto him of the negative transference disposition. There is a projection onto the therapist of a primitive, "all good" self- and object-representation, with a concomitant effort to prevent this "good" image from being contaminated by the patient's "bad" self- and object-representations.

One patient felt that he was extremely lucky to have a psychotherapist who represented, according to the patient, the best synthesis of the "intellectual superiority" of one country where the therapist was born, and the "emotional freedom" of another country where the patient thought he had lived for many years. On the surface, the patient appeared to be reassured by a clinging relationship with such an "ideal" therapist, and protected against what he experienced as a cold, rejecting, hostile environment by a magical union with the therapist. It soon developed that the patient felt that only by a strenuous, ongoing effort of self-deception, and deception to the therapist about himself, could he keep his good relationship with the therapist. If the therapist really knew how the patient was feeling about himself, the therapist would never be able to accept him, and would hate and depreciate him. This, by the way, illustrates the damaging effects of overidealization for the possibility of utilizing the therapist as a good superego introjection, in contrast to an overidealized, demanding one. It later turned out that this idealization was developed as a defence against the devaluation and depreciation of the therapist, seen as an empty, pompous and hypocritically conventional parental image.

It is hard to convey in a few words the unrealistic quality of the idealization given the therapist by these patients, which gives quite a different quality to the transference from the other, less regressive idealization that may be seen in the usual neurotic patients. This peculiar form of idealization has been described as an important defence in narcissistic personality structures (Kohut, 1966; Rosenfeld, 1964). Psychotherapists who themselves present strong narcissistic traits in their character structure may at times be quite easily drawn into a kind of magical, mutual admiration with the patient, and may have to learn through bitter disappointment how this defensive operation may effectively undermine the establishment of any realistic therapeutic alliance. To firmly undo the

idealization, to confront the patient again and again with the unrealistic aspects of his transference distortion, while still acknowledging the positive feelings that are also part of this idealization, is a very difficult task because underneath that idealization are often paranoid fears and quite direct, primitive aggressive feelings towards the transference object.

3. *Early forms of projection, and especially projective identification*

Projective identification is central in the manifestations of the transference of patients presenting borderline personality organization. Heimann (1955b) and Rosenfeld (1963) describe how this defensive operation manifests itself clinically.

One patient, who had already interrupted psychotherapy with two therapists in the middle of massive, almost delusional projections of her hostility, was finally able to settle down with a third therapist, but managed to keep him in a position of almost total immobility over a period of many months. The therapist had to be extremely careful even in asking questions; the patient would indicate by simply raising her eyebrow that a question was unwelcome and that therefore the therapist should change the subject. The patient felt that she had the right to be completely secretive and uncommunicative in regard to most issues of her life. She used the therapy situation on the surface as a kind of magical ritual and, apparently on a deeper level, as an acting out of her needs to exert sadistic control over a transference object onto which she had projected her aggression.

The acting out within the therapy hours of this patient's need to exert total, sadistic control over her transference object could not be modified. The therapist thought that any attempts to put limits on the patient's acting out, or to confront her with the implications of her behaviour, would only result in angry outbursts on the patient's part and in interruption of the treatment.

This raises the question of how to cope with patients who begin psychotherapy with this kind of acting out, and who attempt to distort the therapeutic situation to such a gross extent that either their unrealistic demands are met by the therapist or the continuation of the treatment is threatened. Some therapists believe that it may be an advantage to permit the patient to start out in therapy without challenging his unrealistic demands, hoping that later on, as the

therapeutic relationship is more established, the patient's acting out can be gradually brought under control. From the vantage point of long-term observation of a series of cases of this kind, it seems preferable not to attempt psychotherapy under conditions which are unrealistic. If the therapist fears that an attempt to control premature acting out would bring psychotherapy to an interruption, the necessity of hospitalization should be considered and this should be discussed with the patient. One indication for hospitalization is precisely that of protecting the beginning psychotherapeutic relationship with patients in whom regressive transference acting out cannot be handled by psychotherapeutic means alone, and where the confrontation of the patient with his pathological defensive operations threatens to induce excessive regression. Hospitalization under these circumstances may serve diagnostic as well as protective functions, and should be considered even with patients who, even without psychotherapy, would most likely continue to be able to function outside a hospital. If psychotherapy is indicated, and if the psychotherapy is unrealistically limited by premature acting out, hospitalization, even though stressful for the patient, is preferable to undertaking a psychotherapy within which the necessary structuring is interfered with by the same pathology for which definite structuring is indicated.

Projective identification is a main culprit in creating unrealistic patient-therapist relationships from the very beginning of the treatment. The direct consequences of the patient's hostile onslaught in the transference, his unrelenting efforts to push the therapist into a position in which he finally reacts with counter-aggression and the patient's sadistic efforts to control the therapist, can produce a paralysing effect on the therapy. It has already been suggested that these developments require a firm structure within the therapeutic setting, consistent blocking of the transference acting out, and in the most simple terms, a protection of the therapist from chronic and insoluble situations. To combine this firm structure with consistent clarifications and interpretations aimed at reducing projective mechanisms is an arduous task.

4. Denial

In the patients we are considering, denial may manifest itself as simple disregard for a sector of the patient's subjective experience or a

sector of his external world. When pressed, the patient can acknowledge his awareness of the sector which has been denied, but cannot integrate it with the rest of his emotional experience. It is relatively easy to diagnose the operation of denial because of the glaring loss of reality-testing that it brings about. The patient acts as if he were completely unaware of a quite urgent, pressing aspect of his reality.

One patient, who had to meet a deadline for a thesis upon which his graduation and the possibility of a job depended, simply dropped the subject of the thesis in the psychotherapy sessions during the last two weeks before the deadline. He had discussed with his psychotherapist his fear of and anger toward the members of the committee in charge of examining his paper, and his denial here served the purpose, primarily, of protecting him against his paranoid fears of being discriminated against, and from those teachers whom he supposed wished to humiliate him in public. The therapist repeatedly confronted the patient with his lack of concern about finishing the paper and with his lack of effort to complete it. While interpreting the unconscious implications of this neglect, the therapist explored and confronted the patient with the many ways in which he was preventing himself from completing the paper in reality.

Denial can take quite complex forms in the transference, such as the defensive denial of reality aspects of the therapeutic situation in order to gratify transference needs.

One patient, in an attempt to overcome her anger about the analyst's unwillingness to respond to her seductive efforts, developed fantasies about the analyst's hidden intentions to seduce her as soon as she expressed her wishes for sexual intimacy with him in a submissive, defenceless way. At one point this fantasy changed to the fantasy that she was actually enjoying being raped by her father and by the analyst, and at one time intense anxiety developed in her, with a strong conviction that the analyst was actually her father, that he would sadistically rape her, and that this would bring about disaster. Out of the several implications of this transference development, the need to deny the reality of the analyst's lack of response to her sexual overtures, and her anger about this, seemed to predominate. The analyst pointed out to her that in one part of her she knew very well that the analyst was not her father, that he was not going to rape her, and that as frightening as these fantasies were, they

still permitted her to deny her anger at the analyst for not responding to her sexual demands. The oedipal implications were excluded, for the time being, from his comment. The patient relaxed almost immediately and at this point the analyst commented on her reluctance to enter into an intimate relationship with her fiancé because of the fear that her unrealistic angry demands on him would stand in the way of her sexual enjoyment, and because her projection onto her fiancé of her own anger would turn the actual intimacy into a threat of sadistic rape for her. This opened the road to further insight about her denial of aggressive impulses as well as of reality.

This last example illustrates what the consistent working through of the pathological defences which predominate in borderline patients attempts to accomplish. The working through of these defences increases reality-testing and brings about ego strengthening, rather than inducing further regression. This example also illustrates the partial nature of the transference interpretation and the deflection of the transference outside the therapeutic relationship.

At times the patient especially needs to deny the positive aspects of the transference, because of his fear that the expression of positive feelings will bring him dangerously close to the therapist. The patient fears that such excessive closeness will free his aggression in the transference as well as the (projected) aggression of the therapist toward him. Schlesinger (1966), in illustrating this particular use of denial, has suggested that denial in the area of positive transference reaction should be respected because it may actually permit the patient to keep himself at an optimal distance from the therapist.

5. *Omnipotence and devaluation*

These two, intimately linked defensive operations of omnipotence and devaluation refer to the patient's identification with an overidealized self- and object-representation, with the primitive form of ego-ideal, as a protection against threatening needs and involvement with others. Such "self-idealization" usually implies magical fantasies of omnipotence, the conviction that he, the patient, will eventually receive all the gratification that he is entitled to, and that he cannot be touched by frustrations, illness, death, or the passage of time. A corollary of this fantasy is the devaluation of other people, the patient's conviction of his superiority over

them, including the therapist. The projection of that magical omnipotence onto the therapist, and the patient's feeling magically united with or submissive to that omnipotent therapist, are other forms which this defensive operation can take.

This defensive operation is actually related to the primitive idealization mentioned above. The fractionating of the defensive operations which are characteristic of borderline patients into completely separate forms may clarify their functioning but it does necessarily oversimplify the issue. There are complex inter-twinings of all these defensive operations, and they present themselves in various combinations.

A patient with severe obesity and feelings of intense insecurity in social interactions eventually became aware of her deep conviction that she had the right to eat whatever she wanted and to expect that whatever her external form, she would still be admired, pampered, and loved. She paid only lip service to the acknowledgement that her obesity might reduce her capability to attract men, and became very angry with the therapist when the reality of this consideration was stressed. The patient began psychotherapy with the assumption that she could come for her appointment with the therapist at any time, take home the magazines in his waiting room, and need not care at all about leaving cigarette ash all over the furniture. When the implication of all this behaviour was first pointed out to her, she smiled approvingly of the therapist's "perceptiveness", but no change occurred. It was only after the therapist made very clear to her that there were definite limits to what he would tolerate, that she became quite angry, expressing more openly the derogatory thoughts about the therapist that complemented her own feelings of greatness. The conscious experience of this patient was that of social insecurity and feelings of inferiority. Her underlying feelings of omnipotence remained unconscious for a long time.

Instinctual Vicissitudes and Psychotherapeutic Strategy

A predominant characteristic of the instinctual development of patients with borderline personality organization is the excessive development of pre-genital drives, especially oral aggression, and of a particular pathological condensation of pregenital and genital aims under the overriding influence of aggressive needs. This instinctual development has direct

relevance for the therapeutic approach to these patients. The therapist should remember that in the midst of the destructive and self-destructive instinctual manifestations are hidden potentials for growth and development, and especially that what appears on the surface to be destructive and self-destructive sexual behaviour may contain the roots of further libidinal development and deepening interpersonal relationships.

There was a time when a typical misunderstanding of the implications of psychoanalytic theory and practice was the assumption that sexual activity in itself was a therapeutic factor. We have advanced a long way from such misunderstandings, and have learned that often what appears on the surface to be genital activity is actually in the service of aggressive, pregenital aims. With patients presenting borderline personality organization the opposite danger of seeing only their pregenital, destructive aims, to the neglect of acknowledging their efforts to overcome their inhibited sexual orientation, appears to be a frequent clinical problem.

A promiscuous, divorced, young woman, hospitalized after a psychotic regression which followed years of disorganized behaviour, was restricted in the hospital from male patients. On several occasions a few minutes of unobserved time had been enough for her to have intercourse in an impulsive way with other patients, practically strangers. Over many months this patient was regularly controlled and in the sessions with her hospital doctor the implications of her behaviour were discussed only in terms of her "lack of impulse control" and her "inappropriate behaviour". When a new hospital doctor tried to evaluate further the implications of her sexual behaviour, it evolved that her sexual activity had deep masochistic implications, and represented the acting out of her fantasy of being a prostitute. The hospital doctor took the position that not all sexual freedom implied prostitution, and in discussing these issues with her, the patient became very angry with him stating that he was "immoral", and she became very anxious and very angry with him when he eliminated the restrictions. She then became involved sexually with several other patients in a provocative manner, all of which the hospital doctor used further to confront her with the masochistic fantasies and the pattern of becoming a prostitute, and the implication of her submission to a primitive, sadistic superego which represented a prohibitive, combined father-mother image. She was

finally able to establish a good relationship with one patient, with whom she fell in love, went steady for a two-year period, and whom she eventually planned to marry. During the latter part of these two years they had sexual intercourse, characterized by her being able for the first time in her life to have tender as well as sexual feelings toward just one man and by her taking precautions not to get pregnant, which was in contrast to her previous behaviour.

To dissociate the normal, progressive trends within the pathological sexual behaviour from its pregenital aims is easier said than done. This must be a continuous concern of the psychotherapist working with such patients.

Further Comments on the Modality of Treatment

This particular form of expressive, psychoanalytically-oriented psychotherapy is a treatment approach which differs from classical psychoanalysis in that a complete transference neurosis is not permitted to develop, nor is transference resolved through interpretation alone. It is an expressive psychotherapeutic approach in that unconscious factors are considered and focused upon, especially in regard to the negative transference and to the consistent work with the pathological defences of these patients. Parameters of technique or modifications of technique are used when necessary to control transference acting out, and although some of these parameters may be resolved during the course of the treatment itself, this is not necessarily possible nor desirable with all of them. There are also clearly supportive elements implicit in this approach. First, in the manipulation of the treatment situation, which the therapist has to undertake as part of the need to structure it. The frequency of the hours, the permissiveness or restriction in regard to out-of-hour contacts, the limits to which the patient may express himself, all may be considered as examples of factors which may be changed as the treatment demands. Second, clarifications of reality take up an important segment of the therapist's communications, and direct suggestions and implicit advice-giving are difficult to avoid under these circumstances.

The therapist should try to remain as neutral as possible, but neutrality here does not mean inactivity, and beyond certain degrees of activity on his part, the issue of whether the therapist is still neutral or not becomes academic. In general, it appears preferable to keep this kind of therapy in a face-to-face situation in order to stress the

reality aspects of it, but there is nothing magical in itself about either lying on the couch or sitting in front of the therapist. There are treatments carried out on the couch which in effect are psychoanalytic psychotherapy rather than psychoanalysis.

The goal of ego strengthening is ever present in this expressive, psychoanalytically-oriented treatment. The working through of the pathological defences characteristic of the borderline personality organization permits repression and other related defences of a higher level of ego organization to replace the ego-weakening, pathological defences of the lower level: this in itself strengthens the ego. Conflict resolution is necessarily partial, but at times a great deal can be achieved with this kind of treatment approach.

One final and very important question remains. Are some of these patients analysable either from the beginning of the treatment, or after a period of preparatory psychotherapy of the type suggested? The differences of opinion in this regard were referred to above in the review of the literature. There are specific patients within the large group presenting borderline personality organization who appear to benefit very little from the expressive, psychoanalytically-oriented treatment approach I propose, and where non-modified psychoanalysis is the treatment of choice from the beginning. This is particularly true for patients presenting the most typical forms of narcissistic personality organization.

Such patients present an unusual degree of self-reference in their interactions with other people, a great need to be loved and especially to be admired by others, and present an apparent contradiction between a very inflated concept of themselves and an inordinate need for tributes from others. Superficially, these patients do not appear to be severely regressed and some of them may function very well socially; they usually have much better impulse control than the average patient presenting borderline personality organization. They may be quite successful and efficient. It is only their emotional life which, on sharper focus, appears to be shallow and reflects an absence of normal empathy for others, a

relative absence of enjoyment from life other than from the tributes they receive, and a combination of grandiose fantasies, envy, and the tendency to depreciate and manipulate others in an exploitative way.

These patients usually have such solidified, functioning pathological character structures that it is very difficult to mobilize their conflicts in the transference using the therapeutic approach proposed in this paper. Many of these patients appear to tolerate classical psychoanalysis without undue regression. Some of them unfortunately not only tolerate the analytic situation but are extremely resistant to any effort to mobilize their rigid characterological defences in the transference. Ernst Ticho (1966) has suggested that there exists one group of indications for psychoanalysis which may be called "heroic indications". This indication is for patients in whom, although it seems more or less doubtful whether psychoanalysis would be of help, it seems reasonably beyond doubt that any treatment other than psychoanalysis would not be of help. Narcissistic personalities are part of this group. There are other authors who also feel that psychoanalysis is the treatment of choice for these patients, and who have contributed decisively to our understanding of the dynamics of these patients and the technical difficulties in their analyses (Kohut, 1966; Rosenfeld, 1964). In every patient presenting a borderline personality organization, at one point during the diagnostic examination the question of analysability should be considered and psychoanalysis should be rejected only after all the contraindications have been carefully evaluated.

This paper attempts to outline a general psychotherapeutic strategy with patients presenting borderline personality organization. The danger of such an outline is that it may be misinterpreted as a set of fixed rules, or that because of its necessarily comprehensive nature, it may appear too general. It is hoped that this outline may contribute to the overall frame of reference for therapists who are working with these patients and who are, therefore, well acquainted with the complex tactical therapeutic issues that each patient presents.

REFERENCES

- BIBRING, E. (1954). "Psychoanalysis and the dynamic psychotherapies." *J. Amer. Psychoanal. Assoc.*, 2.
- BION, W. R. (1957). "Differentiation of the psychotic from the non-psychotic personalities." *Int. J. Psycho-Anal.*, 38.

- EISSLER, K. R. (1953). "The effect of the structure of the ego on psychoanalytic technique." *J. Amer. Psychoanal. Assoc.*, 1.
- EKSTEIN, R. and WALLERSTEIN, J. (1956). "Observations on the psychotherapy of borderline and psychotic children." *Psychoanal. Study Child*, 11.
- ERIKSON, E. H. (1956). "The problem of ego identity." *J. Amer. Psychoanal. Assoc.*, 4.
- FROMM-REICHMANN, F. (1950). *Principles of Intensive Psychotherapy* (Chicago: Univ. of Chicago Press).
- FROSCH, J. Personal Communication.
- GILL, M. M. (1951). "Ego psychology and psychotherapy." *Psychoanal. Quart.*, 20.
- (1954). "Psychoanalysis and exploratory psychotherapy." *J. Amer. Psychoanal. Assoc.*, 2.
- GLOVER, E. (1955). "The analyst's case-list (2)." In: *The Technique of Psycho-Analysis*. (London: Baillière; New York: Int. Univ. Press.)
- HARTMANN, H. KRIS, E. and LOEWENSTEIN, R. M. (1946). "Comments on the formation of psychic structure." *Psychoanal. Study Child*, 2.
- HEIMANN, P. (1955a). "A contribution to the re-evaluation of the Oedipus complex: the early stages." In: *New Directions in Psycho-Analysis*, ed. Klein et al. (London: Tavistock; New York: Basic Books.)
- (1955b). "A combination of defence mechanisms in paranoid states." *ibid.*
- HOLZMAN, P. S. and EKSTEIN, R. (1959). "Repetition-Functions of Transitory Regressive Thinking." *Psychoanal. Quart.*, 28.
- KERNBERG, O. (1965). "Notes on countertransference." *J. Amer. Psychoanal. Assoc.*, 13.
- (1966). "Structural derivatives of object relationships." *Int. J. Psycho-Analysis*, 47.
- (1967). "Borderline Personality Organization." *J. Amer. Psychoanal. Assoc.*, 15.
- KLEIN, M. (1946). "Notes on Some Schizoid Mechanisms." In: *Developments in Psycho-Analysis*, ed. Riviere. (London: Hogarth, 1952.)
- (1952). "The origins of transference." *Int. J. Psycho-Analysis*, 33.
- KNIGHT, R. P. (1953a). "Borderline states." In: *Psychoanalytic Psychiatry and Psychology*, ed. Knight and Friedman. (New York: Int. Univ. Press, 1954.)
- (1953b). "Management and psychotherapy of the borderline schizophrenic patient." *ibid.*
- KOHUT, H. (1966). "Transference and Countertransference in the analysis of narcissistic personalities." Presented at the 2nd Panamerican Congress for Psychoanalysis, Buenos Aires, Argentina, August 1966. (Unpublished.)
- LITTLE, M. (1951). "Countertransference and the patient's response to it." *Int. J. Psycho-Analysis*, 32.
- (1958). "On delusional transference (transference psychosis)." *Int. J. Psycho-Analysis*, 39.
- (1960a). "Countertransference." *Brit. J. med. Psychol.*, 33.
- (1960b). "On basic unity." *Int. J. Psycho-Analysis*, 41.
- MACALPINE, I. (1950). "The development of the transference." *Psychoanal. Quart.*, 19.
- MONEY-KYRLE, R. E. (1956). "Normal countertransference and some of its deviations." *Int. J. Psycho-Analysis*, 37.
- RACKER, H. (1957). "The Meanings and uses of Countertransference." *Psychoanal. Quart.*, 26.
- RAPAPORT, D. (1957). "Cognitive structures." In: *Contemporary Approaches to Cognition*, by Bruner et al. (Cambridge: Harvard Univ. Press, 1957.)
- REIDER, N. (1957). "Transference psychosis." *J. Hillside Hosp.*, 6.
- ROMM, M. E. (1957). "Transient psychotic episodes during psychoanalysis." *J. Amer. Psychoanal. Assoc.*, 5.
- ROSENFELD, H. (1958). "Contribution to the Discussion on 'Variations in classical technique.'" *Int. J. Psycho-Analysis*, 39.
- (1963). "Notes on the psychopathology and psychoanalytic treatment of Schizophrenia." In: *Psychotherapy of Schizophrenic and Manic-Depressive States*, ed. Azima and Glueck, Jr. (Washington: Amer. Psychiat. Assoc.)
- (1964). "On the psychopathology of narcissism: a clinical approach." *Int. J. Psycho-Analysis*, 45.
- SCHLESINGER, H. (1966). "In defence of denial." Presented to the Topeka Psychoanalytic Society, June 1966. (Unpublished.)
- SCHMIDBERG, M. (1947). "The treatment of psychopaths and borderline patients." *Amer. J. Psychother.*, 1.
- SEGAL, H. (1964). *Introduction to the Work of Melanie Klein*. (London: Heinemann; New York: Basic Books.)
- SHARPE, E. F. (1931). "Anxiety, outbreak and resolution." In: *Collected Papers on Psycho-Analysis*. (London: Hogarth, 1950.)
- STERBA, R. (1934). "The fate of the ego in analytic therapy." *Int. J. Psycho-Analysis*, 15.
- STERN, A. (1938). "Psychoanalytic investigation of and therapy in the borderline group of neuroses." *Psychoanal. Quart.*, 7.
- (1945). "Psychoanalytic therapy in the borderline neuroses." *Psychoanal. Quart.*, 14.
- STONE, (1951). "Psychoanalysis and brief psychotherapy." *Psychoanal. Quart.*, 20.
- (1954). "The widening scope of indications for psychoanalysis." *J. Amer. Psychoanal. Assoc.*, 2.
- STRACHEY, J. (1934). "The nature of the therapeutic action of psycho-analysis." *Int. J. Psycho-Analysis*, 15.
- SUTHERLAND, J. D. Personal Communication.
- TICHÖ, E. Selection of Patients for Psychoanalysis or Psychotherapy. Presented at the 20th Anniversary Meeting of the Menninger School of Psychiatry Alumni Association. Topeka, Kansas, May 1966a. (Unpublished.)
- TICHÖ, G. Personal Communication.

WALLERSTEIN, R. S. and ROBBINS, L. L. (1956). "The psychotherapy research project of The Menninger Foundation: IV. Concepts." *Bull. Menn. Clin.*, 20.

WALLERSTEIN, R. S. (1967). "Reconstruction and mastery in the transference psychosis." *J. Amer. Psychoanal. Assoc.*, 15.

WINNICOTT, D. W. (1949). "Hate in the countertransference." *Int. J. Psycho-Anal.*, 30.

— (1960). "Countertransference." *Brit. J. med. Psychol.*, 33.

ZETZEL, E. R. (1966). "The analytic situation." In: *Psychoanalysis in the Americas*, ed. Litman. (New York: Int. Univ. Press, 1966.)

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STRUCTURING ASPECTS OF THE PENIS

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In his very first series of psychological investigations, Freud conceptualized behavioural phenomena as an interrelationship between process and structure. The theory of cathexis, which Freud already advanced in 1894 and which has been described as "the most fundamental of all his hypotheses" (Strachey), was in part an effort to reconcile excitatory, behavioural processes with the structures which pattern them.

A few years later, in his work on primary and secondary process, Freud made clear that secondary process implies delaying and inhibiting capacities, and it is precisely these structural aspects which distinguish it from primary process. A quarter century later with *The Ego and the Id*, Freud set up the beginnings of a systematic, structural framework to deal with the polarities of process and structure, with behaviour as both a discharging and durable phenomenon.

Hartmann enlarged Freud's structural framework. He conceptualized primary ego apparatuses and "independent biological functions which exist alongside, and in part independent of, instinctual drives", such as thinking and learning.

Erikson further added to Freud's structural model by detailing the cultural elements acting in conjunction with ego givens and instincts which eventuate in the psychic structure he termed ego identity. This structure Erikson described as the result of

a selfsameness and continuity to the ego's synthesizing methods and these methods are effective in safeguarding the sameness and continuity of one's meaning for others.

For Erikson, ego identity implies a continuing process. At the very moment of its being a structure, with its own unique genetic, cultural and instinctual patternings, it is also a synthesizing process and therefore tentative.

From the Kleinian viewpoint, structure is related to internal objects, and the ego depends upon these objects, part and whole. Projective

and introjective processes involving these objects are a principal focus of analytic work. Erikson's concept of ego identity becomes in the Kleinian framework a continuing interaction with internal objects, with the ego acting as the focus for the projective and introjective processes. Thus process is primarily a projective and introjective phenomenon, and psychic structure is shaped by internal objects. The Kleinians do not emphasize ego autonomy or ego givens, but rather the interaction between the ego and objects, a process beginning with birth.

In this paper we shall attempt to clarify a role the penis plays in the development of psychic structure. We shall do this within the Kleinian conceptual framework; more specifically, the clinical material which we present will be organized around the following ideas concerning the penis.

The penis has both external and internal components. On the one hand, the penis is manifestly an anatomical appendage, physical, external and visible. On the other hand, equally manifest is the fact that the penis palpably externalizes its linkage with the instinctual drives which are internal through the biological phenomena of erection and ejaculation. It is thus both physical and external as well as biological and internal.

Furthermore, psychologically the penis is also important as an external and internal object. Fantasies are elaborated around the body and therefore focus significantly on the penis. The penis as an external object attracts enormous psychic energy and plays a part in shaping psychic structures, which however are internal and invisible. In addition, though it is a part object it brings with it characteristics of whole objects, and more importantly whole object relationships. As such, the penis has not only impulse derivatives but also structuring capabilities. Specifically, it is a guarantor of structure within the family triangle, protecting the mother from the infant's impulses and guaranteeing a separate relationship for the parental couple.

In other words, the penis is internal not only

because it is instinctual but also because it is structuring. It is both orgiastic, in that it is biologic, and supporting, in that it is part of internal psychic structure.

Rosenfeld (1954) in a paper on the psychoanalytic treatment of schizophrenia, differentiated between the exciting, instinctual penis and the penis as a psychic structure representing the analyst's capability psychically to support a patient. He presented case material from his work with a schizophrenic girl in which he showed that

her wish to have a cigarette was then not so much an admission of her sexual wishes towards me, but the acknowledgement of her desire to receive a good interpretation representing a good penis from me.

We want again to bring to mind at this point that even though there is a certain crudity and concreteness in dealing with the penis as part-object, it nonetheless has a psychic viability even as a fragment. In a paper on symbol formation, Segal (1957) stated that

one of the important tasks performed by the ego in the depressive position is that of dealing not with depressive anxieties alone, but also with unresolved earlier conflicts. . . . The capacity to symbolize is used to deal with *earlier* unresolved conflicts by symbolizing them.

She went on to show that symbols are made not only of whole objects but of part-objects as well, citing the fairy tale as an example.

We shall present material from four patients. The first two patients, presented in more detail, are a depressed adolescent girl and a middle-aged man with manic defences. The remaining two patients, presented in less detail, are a schizoid man and a male homosexual.

Case 1

The first patient is a 17-year-old adolescent girl who came for treatment with a long history of increasing withdrawal, tiredness and general apathy. She was a pretty girl, comely and intelligent, yet had no dates, made no friends, and the parents were becoming increasingly desperate. Over the preceding year the family had tried "everything", including a European trip, the gift of a car, endless pep talks, and repeated medical work-ups with diagnostic hospitalizations. All this had no effect whatsoever; the patient only got worse.

She was the elder of two girls. Her sister, two years younger, was popular and successful despite a stuttering problem. The patient's father had committed suicide when she was five. The father's death came after a depressive illness of nearly two years' duration. The patient had been close to the father, but the mother did not tell her the circumstances of his death until she was 15.

When the patient was 9, the mother remarried successfully, although the patient never became close to the stepfather. However, she had always been a good child, quiet and compliant.

We shall present two consecutive hours from her second year of treatment. We would add that she was seen intensively but sitting up.

In the sessions preceding these two hours the patient's lack of information about sex became evident. She knew very little even about her own menstrual happenings and had never discussed these with her mother.

She began the first hour by saying that she had watched a kidney operation on TV the night before, but to her surprise the programme so upset her she turned it off. She had never been scared by that sort of thing, and she didn't understand her reaction.

She then complained, as she often had, of her health class at school. The teacher, a man, talked only about ego psychology and defences, which she referred to as "junk". She felt it was out of place to discuss mental health in an open class, but she did not know just why. She did know her classmates reacted with confusion and laughter.

She then described a fight she had had with a friend of her parents. It was over a painting, and the friend had scolded the patient for always disagreeing with the choice of paintings the father bought for the home.

At this point, she suddenly remembered that the previous Saturday when she was dressing in her room, and had on only a bra and panties, her mother had just brought in her dress and was talking to her, suddenly the stepfather barged into her room. The patient felt very embarrassed and tried to cover herself. The mother thought her modesty ridiculous, since she had on the equivalent of a bathing suit.

I interpreted to the patient that she was fearful that I would not understand the difference between showing oneself to a man in panties and bra and showing oneself in a bathing-suit. True, the same amount of skin was exposed in both situations. Yet she felt, unlike the father or

mother, that there was a difference, but she was confused as to what this crucial difference was. Actually, the issue lay not outside but inside. The health teacher, she felt, had outside and inside mixed up, that is, physical and mental health, and the result was confusion and laughter. Yet the differentiation is so private and personal that if she lets me help her with it she would see me as a surgeon attacking her, or as the father, barging into her naked privacy. She feels she cannot look to the father for a proper view of things, which she indicates by rejecting his paintings. She finds the teacher of no help, and she is terrified of me, the analyst-surgeon.

Implicit in this interpretation is recognition of her view of the father as intrusive and seductive, not seductive because he is sexual but sexual because he is unable to differentiate structure for her. He cannot differentiate panties and bra from a bathing suit because he cannot differentiate outside from inside. He acts this out for her by failing to differentiate between a common outside living space and a private inside bedroom space. The patient grasps dimly that sexuality is an internal and mental reality and becomes confusing and absurd in public. Yet at the same time she herself is only more confused by her awareness that sexuality is also outside and public because it is bound up with the body. Sexuality in a unique way bridges outside and inside simultaneously.

The patient began the second hour by mentioning an imaginary dialogue she had written for English class between Chaucer's Prioress and the Wife of Bath. The Prioress was the soul of innocence while the Wife of Bath had had five husbands.

She next said her folks were going away for a week and she was delighted. However, she had overheard her mother on the phone worrying about leaving her two girls home alone. The patient thought her mother's fears ridiculous.

She then spoke of a boat trip the family was taking with some friends the next day. The friends had a son, age 17, her age. And with enthusiasm, rare in this patient, she blasted this boy for his incredible immaturity and his clinging to his mother. To top it off, he was a spoiled brat.

There was a silence. She then shyly and tentatively confessed that out of embarrassment she had been unable to tell me at the last session that for the first time she herself had felt pretty. This was a new experience for her.

I interpreted to the patient that she felt

protected by me. I had indicated to her at the last session that I had understood her confusions as to what was inside and what was outside and could therefore help her. She could look pretty, not only because she knew I would not attack her with my penis, but on the contrary because I would somehow protect her with it from the mother. It was being pretty with the mother that so frightened her because this meant not only being a baby, but a baby that would never grow up, never get free of the mother. At this time she did not feel like this hopeless baby. However, it was not mother's trip that reassured her that she would not have to remain the immature, hopeless 17-year-old who could never grow up and would remain a spoiled brat. It was that she could let me protect her by interpreting her confusions.

The patient responded that over the last weekend she had not stayed in the kitchen with the mother, and she liked it. She remembered a dream.

"I was riding in a car with three other people. My family, I suppose. We were on a bridge. The bridge broke and we plunged into the river. We were under water. I swam through the window to the surface, and the others did too. No one was hurt."

She associated the dream to Niagara Falls. She had been there on a trip three years before, on a Teen-Tour. A boy had walked with her to her room. There she immediately took off her lipstick which she never liked to wear, even though the other girls her age wore it all the time. The boy, thinking she wanted to kiss, was scared away, and she felt terribly embarrassed because she had not meant that at all. She then noted the picture on the wall next to her in my office which was of a bridge, and she wondered whether the dream had some connection with the picture.

I interpreted to her that the dream was important because it further helped to clarify outside from inside, from what the parents seemingly did to her on the outside and what she did to the parents, particularly to the father-analyst, on the inside. I pointed out that without the analyst's support, represented by the bridge, she is plunged into a drowning relationship with the family, especially with the mother.

The previous week-end she had stayed out of the mother's kitchen because of her contact with the analyst. It was the first time she remembered doing that. The analyst's penis had kept her from intruding into the mother, represented by

the kitchen. Yet no sooner is she protected from her own intrusiveness than she tears down the analytic support and falls back into a dangerous position with the internal family. Furthermore, she makes it clear that she does not really need the analyst, for, omnipotently, relying solely on her own resources, she swims away from the family and no one is hurt.

What is here revealed is a deeper confusion in the patient between what is outside and what is inside. In the last session the patient was the seeming victim of the father's intrusiveness. Yet this external reality served only to obscure the fact of the patient's internal intrusiveness. She intrudes herself into the mother, as she had all her life with the exception of the last week-end. She furthermore intrudes into the relationship between father and mother by attempting to appropriate the father's penis for herself. In the last hour she fantasied the surgeon as attacking her. She saw the penis as entering her, not the mother.

The reluctance to tell me that she felt pretty reflected not only her anxiety about the mother for ever insisting she remain a pretty baby, but also a seductive intent towards the father and the wish to have his penis. By herself getting the father's penis she destroys the parental couple and with it the family. Later in the session, the patient stated that after the broken-bridge dream she went back to sleep, only to awaken a few hours later in a state of terror, for no apparent reason. She used the defence of isolation to keep out of awareness her ruthless attack on the family and her plunging it into a perilous situation.

The patient wanted to have it both ways. She wanted to be a Prioress, imprisoned in the Mother Church, the innocent girl who will never grow up to wear lipstick. And at the same time to have an exciting, sexual bath with father, as the Wife of Bath with her indiscriminate sexual life.

Central in this is the patient's attack on the penis. She attempts to tear it down or seduce it, which is the same thing, thereby making it impotent to serve as a supporting structure for the family.

Case 2

In contrast to the first patient, we shall now present a middle-aged man to demonstrate similar dynamics within a quite different clinical situation.

The patient, a 45-year-old businessman, came to treatment because of headaches and impotence.

He has two children, a boy aged 14, a girl aged 16. His wife is a seriously disturbed woman who dominated the family for years with her obsessive-compulsive symptoms. She had been in analysis for some time. The patient had a successful business, but he attributed this to luck and not adult competence. As a corollary to this he thought of himself as having a small penis.

As a child the patient lived on the edge of poverty. His father ran a junk business, boastfully telling the family of his dishonesty and justifying it by the family's need for support. The patient saw the father as needing the mother only because of his many physical illnesses, while he saw his mother as excessively dependent on the father, more as a child than as a wife.

Throughout his boyhood, the patient devoted himself to searching trash-cans for things of value. The idea of being financially and thereby emotionally independent in this way, dominated his activities and resulted in his isolation from peers.

We shall present two consecutive hours from his third year of analysis, focusing on a dream in each of the sessions, followed by a dream from a third hour one week later.

In the first session the patient reported a week-end dream.

"I took you (the analyst) to the Akron store where you started buying big-game hunting equipment. I left you there but felt guilty as I drove away, wondering if you had any money to get home and feeling that you were very helpless. I came back and you seemed oblivious of the fact that I had been gone. As I was driving you home, I asked you what you did on your vacation. You inferred that you had been hunting in Alaska, and I suspected that you were much more vicious than I had thought."

In his associations the patient said that over the week-end he derided his wife for being so dependent on her analyst, and he had asserted to her that he could not imagine himself getting into the same position. He felt that in saying this he was being critical of me. In a further association to the dream he said that he likes to go to the Akron department store because he feels singularly capable of finding good buys among the crap.

I interpreted to him his feelings of abandonment over the week-end which he reversed in the dream by taking care of me. To avoid a feeling of abandonment he reverted to his old ways, that is, to searching through trash-cans for something of value: The Akron, as he indicated,

is like a trash-can where he can sift through junk for hidden values. However, in the dream he also takes me with him to the store rather than allowing me to have a relationship with my wife over the week-end, a situation that would produce in him feelings of being left out.

This attack on the analytic couple is clearly shown by his attack on the relationship between his wife and her analyst, another analytic couple. The viciousness inherent in this attack is handled by putting it into the analyst, who in the dream becomes the vicious big-game hunter. He then feels unable to use the analyst as a genuine base of support. Implicit in this material, at a deeper level, is the homosexual seduction of father, in which father's penis is put into the patient's rectum (Akron-trash-can) rather than into mother over the week-end. In this way the analytic couple is disrupted, and the child, having appropriated the father's penis rectally, loses touch with a proper dependent relationship to the analytic mother—precisely the feelings he derided his wife for having.

The next day, the patient reported the following dream:

"I was flying a plane searching for a lost plane on the ground. I was having a great time flying up and down; there was no real concern about the lost plane because no one was in it. When I returned to the field, Mr X, my friend, was there with his son. He was also holding four babies in his arms. To my surprise, he told me these were not his babies, but that he was taking care of them for someone else. I felt there was something missing in me, in my inability to take care of babies."

The patient commented that he had an appointment today to see an allergist in the hope of finding a physical basis for his headaches. He could not account for his elation in the first part of the dream, except possibly because he has had no headaches for almost a month. He then saw the inconsistency in going to the allergist since his headaches were gone.

He next said that Mr X is in fact a better father than he is and has a better relationship with his son. However, last night the patient did help his son with his homework and felt they had worked better together.

I interpreted to him that going to the allergist, entirely his own idea, is an attack against me. The plane is lost, but what he does not want to face in his elated state is that he has shot me down. He tries to reassure himself that it is great fun flying on his own, using his own penis in a

pseudo-independent, really masturbatory, way.

I further pointed out to him that he was nevertheless unable to escape contact with his own baby feelings in the analysis, as represented by the babies being held by Mr X, the analyst. He has to bring these baby parts of himself to me for help just as his son appropriately turned to him for help with his homework last night. These feelings of smallness and vulnerability he confuses with his penis which he sees as small.

It is important that in this dream the analyst-father is deputized to act also as a mother. This is a source of confusion to him due to the fact that he still keeps the mother out of the picture. The analytic mother and father do not yet exist as a couple so that any dependent feelings towards the analyst, still thought of as only a father, are felt to be homosexual.

To avoid awareness of his inner dependent situation the patient confuses it with something external and physical by going to the allergist, as he has always in a confused way insisted that his impotence resulted from the physical size of his penis.

As with the first patient, who saw her father as being unable to differentiate outside from inside, so this patient also, as both father and child, is unable to differentiate external from internal. This results in his confusing his physical penis with his internal penis, which is in fact small. His internal situation can only be altered by allowing himself to have a dependent relationship to the analytic couple, mother and father.

This material, we feel, demonstrates the point that only a proper ensconcement within the family enables a child to grow, and in the case of the boy thereby to internalize a potent penis, with eventual physical potency.

A week later the patient brought the following dream:

"My son was waiting in his bedroom for me. I was going to satisfy his curiosity by showing him my penis. It seemed that at some time in the past I had promised him I would do this. I did it. My son felt grateful and I felt no shame, but rather that I had kept my word."

The patient then cited an example of how he was recently able to put the lid on his son's destructive behaviour. His son had also turned to him for sexual information and this pleased him. The day before, he had told his son that he was in analysis, formerly a well-kept secret.

He described his own shyness about physical exposure and talked about his embarrassment

at having his penis seen when he was hospitalized at the age of four.

He mentioned that he got the results of his skin tests from the allergist, and he felt some confusion and disappointment when he realized that all these tests led nowhere.

I interpreted that the dream indicated awareness of his obligation to show his son what a man is, something he avoided in the past. The son is able to turn to him for control of his destructive behaviour and can rely upon him more for sexual information. At the same time, he himself is aware that it is his relationship to me which has made this change possible, evidenced by his telling the son of his analysis.

Nonetheless, he still secretly hoped that the results of the skin tests would make it unnecessary for him to be my boy in the analytic relationship. He would thereby avoid the shame which is denied in the dream, of again, as in the hospital at age four, having his small penis seen.

This last dream reveals the patient's beginning awareness that the proper position for him in the analysis is that of a grateful child. As such, he can have a proper feeding relationship with the analyst-mother and can allow the analyst-father to show him a mature psychic anatomy with which he can identify.

This dream shows even more clearly the homosexual confusion noted in the previous dream. At the same time, however, the father's admission to his son that he is in analysis is an internal acknowledgement of his being cared for by the analytic parents whom he had earlier attacked. Thus the couple is latently present for the patient, even though the homosexual elements seem so blatant. Hereby is resolved the seeming paradox that in the presence of more obvious homosexuality there is nevertheless a diminution in the paranoia, so prominent in the dream of the analyst as the big-game hunter. It is the gratitude which clearly points up the lessening of the paranoia. The gratitude also makes possible the identification with the analyst as an effective father. Inability to do this in the past resulted in his being preoccupied in a confused and hopeless way with the smallness of his external penis, something he could do nothing about, and in equally confused attempts to make the headaches and impotence into physical problems.

As a physical phenomenon, the penis has unique characteristics. In our thinking, it is this physicalness of the penis which is decisive in

fantasy life and the internalization of body experiences.

There has been considerable emphasis recently on the biological aspects of sexuality, and much has been published using new scientific discoveries for the purpose of "exploding sexual myths". For example, Sherfey (1966) points out that embryologically the clitoris is not a Freudian small penis but that the penis is more properly regarded as a clitoris that has been hormonally enlarged. Salzman uses this to show that the concept of penis envy has been proven invalid in that the female is biologically and neurologically not at all inferior to the male, and suggests that it is Victorian morality and scientific infantilism that engendered the notion that the woman must wait upon the demands of the man. However, Masters acknowledges that in evaluating the human sexual response there is no question that the psyche of the responsive individual is "infinitely" more important than the physiology.

We agree with Masters that scientific biology is irrelevant psychically. The fact is, of course, that fantasy life has nothing to do with correct science. As Freud stated long ago, the ego is first and foremost a body ego. Early fantasies are fastened to the body surface. The skin, with its protuberances and orifices, is peremptorily seized and elaborated on in fantasy. It is this surface bias which gives such enormous importance to the penis. It may well be true that only physically is the penis superior to the clitoris, but it is precisely this fact, together with its visible capacity to erect itself, which is paramount in fantasy.

The penis's capacity to erect itself, to hold itself by itself, without visible means of support, is of momentous consequence psychologically. Ultimately, for the man, the external penis depends for its potency on an internal, potent psychic structure. For the woman, it is the potent man who must waken her to sexual life, as in *Snow White*.

The recent debate by investigators of human sexuality as to whether man or woman is sexually superior is, in our view, irrelevant. Segal pointed out that the child in fantasy is preoccupied with comparing the sexes, and it is the sexual differences which give rise to enviable comparisons. In point of fact it is precisely the differences which make each sex equally enviable by the other. One of the differences for the penis, in our thinking, is that it actuates genital intercourse. It thus serves as the cornerstone of the

male-female relationship by having to support effectively both itself and the woman.

Awareness of the holding function of the penis and of its use as an elemental structure of support is frequently pictorialized in dreams.

Case 3

A brief example of this is a dream from a 35-year-old man, in his fourth year of analysis for premature ejaculation and schizoid character traits. In the dream, he was part of an army which had been involved in guerrilla action. The army was planning withdrawal from the country because it was desolate and there was no reason to stay. Elaborate plans were being drawn up for a retreat which would provide maximum protection. The patient was relieved to note that his assigned position was inside a long column of soldiers where he would be protected from sporadic attacks.

This patient's mother committed suicide when he left home for graduate school. In spite of this, he followed through with his original plan to take up the profession she had had. In the months preceding the dream the patient felt more involved in his work due to his being able to see it as really his own profession, not his mother's. He had also been able to use his penis more effectively with his wife, not withdrawing, as did the army.

What the associations to this dream indicated was that the structure of support in this patient's growth was the analyst's strength as represented by the column of soldiers. However, the futility of this patient's position is that the child part of him has been free to roam as a guerrilla with the mother. The father was not available to protect the mother, and the child destructively involved himself with her, wholly unimpeded. In this dream the column of soldiers represents the father's penis, both protecting and powerful. But the patient does not allow himself to be a child of a couple in which father links himself to mother with his penis. He separates the couple, taking with him the father's penis. What the patient pictures in the dream as his entering into the father ostensibly for protection (the column of soldiers) is a reversal of the father's penis entering him instead of the mother. Thus the father-mother relationship is disrupted by effecting the withdrawal of the father's penis instead of allowing it to actuate the couple's union, guaranteeing a family setting for the child. By bringing about the parental separation the patient succeeds in making the mother desolate

and unprotected. She thereby remains vulnerable to his guerrilla attacks, and at the same time, he fears retaliatory attacks.

So far in this paper, we have focused primarily on the importance of the internal penis as a structuring and organizing element, first demonstrated in the adolescent girl's dream of the bridge. However, we have also seen that this structuring penis comes under attack and that there is a relationship between an attack on this penis and paranoia, as with the patient who dreamt of the analyst as a vicious hunter and in the following dream shot the analyst down. This paranoid attack on the penis which interferes with its holding and structuring function can be seen in homosexuality.

The frequent conjunction of paranoia and homosexuality has been extensively documented. Freud noted this very early and conceptualized this conjunction in his formula from the Schreber case: unbearable homosexual feelings are changed into hostile ones for defensive purposes and then projected. However, more recently, other analytic investigators, such as Rosenfeld (1949), have submitted that hostile, persecutory feelings are the basic ones and that homosexuality is a defence against these feelings.

In our view, these hostile and destructive feelings are directed, in part, against the protecting and structuring penis. These attacks aim to demolish structure, thereby allowing unlimited access to the mother as well as depriving the mother of the satisfaction she gets from the father. The homosexual seduction is designed to disguise such attacks. The homosexual defence breaks down with the awareness that the powerful penis is being attacked and in turn retaliates, thus becoming a persecuting and, therefore, paranoid object.

Case 4

We shall further illustrate such attacks on the structuring penis from the analysis of a male homosexual. These were demonstrated both by his "acting in" against the structure of the analysis, and, more directly, by vivid fantasies within the analytic hour.

The "acting in" attack was made when he put the analysis in jeopardy by not keeping current with his fee. Also, he demanded more time, such as by phone calls, while insisting that it would be necessary to reduce the number of sessions per week. Behind this acting-in behaviour was the fantasy, effected through splitting,

that the analyst and the analysis were separable. The wish was to seduce the analyst-father away from the analysis-mother by presenting an idealized part of himself his rectum, to the father. The patient and analyst would then have a homosexual relationship. In this he would have unlimited access to the penis, but it is now a seductive and orgiastic penis. Under such circumstances the penis is confused with the breast, the parents' relationship to each other is hopelessly disrupted, and the child is awash in instinctual, that is, unstructured, forces. The breast-penis confusion is fundamental, but we feel that it can be dealt with analytically only when the structuring penis becomes a protective reality through the analyst's capacity to maintain the structure of the analysis.

More direct fantasies of a homosexual attack occurred during sessions. Following an effective interpretation the patient frequently imagined that the analyst was unzipping his fly. This stemmed from the wish to devalue the analytic penis by making it into an orgiastic one. This fantasy also frightened him because of his concern that the analyst would not confine the use of his penis to that of a structuring one. The patient would again be at the mercy of his own impulses.

Throughout this paper we have stressed the internal aspects of the penis. The presumptuous statement that only psychoanalysts understand sexuality simply draws attention to the fact that it is the internal, psychic situation which plays a decisive role in every sexual configuration. Even Masters agrees with this. It is this which is the basis for our criticism of the viewpoint that new biological sex information explodes "sexual myths". The point is not that sexual myths are true, but that they are real despite being unscientific.

At the same time, obviously, sexuality is also external. Its overriding importance is that it invariably brings a momentous internal reality into contact with external reality. This contact is mediated through the penis, as we discussed earlier. Even though what is inside determines what goes on outside, nonetheless, psychic potency must be confirmed by physical potency. The internal, invisible structure must become linked with visible, external genitality. The structuring penis must be linked with the orgiastic penis. It is this polarity which gives sexuality its complexity.

In this paper we have suggested that the attack on the structuring penis may be part of different defence organizations, specifically, heterosexual seduction as with the father and daughter, manic self-holding, schizoid withdrawal, and homosexuality.

Furthermore, such attack is not peculiar to one sex. It is the infant part in both sexes which attacks the structuring penis because the penis stands between peremptory urges and the mother. Conversely, it is the presence of the structuring penis which protects against the psychotic, infant part of the self.

It is true that the ego, particularly the fantasizing ego, is a body ego and that instinctual elaboration is in part determined by a difference in the sexes. But development of psychic structure, instinctual containment, secondary process are achievements every infant, regardless of sex, must contend with. In our view, it is in part the structuring penis around which such growth is organized.

We would submit that penis envy which implies an attack on the penis is not just a woman's problem but is equally important for men. The preoccupation with a small penis, seen in our second patient, is very common and gives rise to intensely envious feelings. In part we chose our material to demonstrate the attacks which men make on the penis.

The fact that these attacks against the structuring penis arise in either sex and at any age underlies, in part, the enormous complexity of the family. The family must synthesize meaning and continuity, to use Erickson's language, out of the continuing polarities of a structuring and orgiastic penis. This synthesis must be confirmed by a genital relationship between the parents, and this in turn becomes an invisible, internal reality for the family, properly regulating the child-parent relationship. In this sense, the triangular situation—father, mother, child—plays a decisive part from the beginning of the infant's development.

The structuring penis within the family, properly holding the mother, makes it possible for the mother properly to hold her infant. In Spitz's (1949) work on autoerotism infants gave evidence of disturbances in the first year of life when tended by prison mothers who were not protected by an adult sexual relationship.

It can be seen from these considerations that the role of the father for normal relations between mother and child is an extremely significant and important

one. This is an assumption which had been made frequently in psychoanalytic literature regarding disturbances of the pre-school child, school-child and adolescent. To my knowledge it was not made yet regarding infants in the first year of life.

In this paper, we have presented material which we feel illustrates the holding function of the penis within the family. We have furthermore suggested that the potency of the analyst is

manifested by his properly structuring for the patient each of their roles within the analytic family.

In summary, we would submit that the penis, which is physically external and psychically internal, bridges the internal and external components of sexuality. Without the internal guarantees, sexuality becomes merely orgiastic and objectless. Conversely, inner potency must be confirmed by genitality.

REFERENCES

MASTERS, W. (1967). "Clinical significance of the study of human sexual response." *Human Sexuality*, 1.

ROSENFELD, H. (1949) "Remarks on the relation of male homosexuality to paranoia, paranoid anxiety and narcissism." *Int. J. Psycho-Anal.*, 30.

— (1954). "Considerations regarding the psycho-analytic approach to acute and chronic schizophrenia." *Int. J. Psycho-Anal.*, 35.

SALZMAN, L. (1967). "Recently exploded sexual myths," *Human Sexuality*, 1.

SEGAL, H. (1957). "Notes on symbol formation." *Int. J. Psycho-Anal.*, 38.

— (1968). Personal communication.

SHERFEY, M. (1966). "The evolution and nature of female sexuality in relation to psychoanalytic theory." *J. Amer. Psychoanal. Assoc.*, 14.

SPIITZ, R. (1949). "Autoerotism." *Psychoanal. Study Child*, 3.

STRACHEY, J. (1962). "The emergence of Freud's fundamental hypotheses." *S. E.* 3.

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VICISSITUDES OF THE TRANSFERENCE IN A MALE HOMOSEXUAL

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Introduction

This is a study of the course and development of a particular kind of transference in a male homosexual patient. In a survey of the literature on homosexuality, Wiedeman (1962) commented on the scarcity of material descriptive of the development of transference in the analysis of homosexuals.

Traced via the transference, the case material illustrates how fusion with an archaic maternal image has been utilized to ward off violent sadistic sexual drives. This is an example of "screen identity" (Greenson, 1954) in which a "good" introject is used to screen a "bad" one. In the material to follow, the hidden "bad" father introject begins to enter the material when the symbiotic attachment to the maternal transference image becomes weakened. The striving for return to the primary narcissistic union with the omnipotent mother unfolded as a powerful transference resistance, guarding the patient against separation anxiety, castration anxiety, and the whole gamut of the Oedipus complex.

Such primitive disturbances of object relationships are considered by Bak (1956) to be especially characteristic of perversions. He has indicated that the ego's ability to neutralize aggression is one of the major mechanisms in the larger ego function of differentiating or deflecting large quantities of aggression from sexuality. In the following case, such differentiation was severely impaired and, in particular, the phallic phase was weakened by oral sadistic drives.

The Patient

The patient was a 30-year-old Jewish professional man. He sought help with the problem of homosexuality at a time when he was suffering from the loss of a lover who had decided to get married. He had had several similar homosexual relationships previously. At the time of the initial interview he was thus lonely and somewhat depressed.

He experienced both homosexual and heterosexual fantasies, although his relationships had been predominantly homosexual. He practised mutual masturbation and fellatio with his partners. His relationships with women were limited, and he would give up after a short period of dating.

The patient had grown up in poverty-stricken circumstances in the home of his European immigrant parents. During the early years of his life his parents were on poor terms and quarrelled incessantly. The father was perceived rather inaccurately as a wildly primitive tyrant. His wife had had more education than her husband and tended to consider him as uncouth. Towards her son, the patient, she had manifested fussing, fondling, seductive behaviour. It was evident that she was narcissistically identified with her son (Shevin, 1963).

The patient felt that he had been a pawn between the parents. The intra-psycho condition which was later disclosed in the patient may have been contributed to by this situation. This intra-psycho condition consisted of a deep archaic splitting of the ego, and of the primitive maternal and paternal introjects. Such archaic splittings have been described by Bychowski (1945) in certain cases of homosexuality. The patient presented the picture of the kind of boy who was closely and intimately bound to his mother, in what Bieber (1962) calls the CBI, or close-bound intimate relationship.

During his schooldays, the patient withdrew from sports and physical activities and feared to enter into masculine competition. Anna Freud (1952) in her "Studies in Passivity" has described such homosexuals-to-be who, having retreated to pregenital phases, entered latency as passive and feminine. This patient during his schooldays suffered a great deal of teasing and denigration on this account. He was very successful scholastically, however. In this regard, as well as in his mildness and good behaviour, he fulfilled his mother's ambitions. Her aspirations

for a son of the professional class were in notable contrast to her devaluation of her husband as a blue-collar factory worker, coarse in language and appearance.

The birth of a sister when the patient was 7 was of devastating significance. The patient's reaction was profound. His jealousy and hatred of her were boundless and he many times demanded that his mother send the baby away. However, in time, he overcame these feelings by means of a narcissistic identification. Since his father and mother adored the little girl, she became a great rival to him. In identifying himself with her he regained his pride of place. Now, in thinking of himself as a beautiful little girl he could imagine himself to be loved not only by his mother, but also by his father. But alongside this identification with his sister, there co-existed very strong incestuous feelings towards her, of a devouring nature. In this respect his feelings towards his sister were founded on his earlier orally-coloured love for his mother.

The Analysis

Opening Phase¹

Passivity, Defences of Isolation, Projection and Splitting

The notable feature of the opening phase was the rapidity with which he passed into a passive regressive orally-toned transference. He spoke of the dangers of associating with women who could "control" or "drain" one. Following presentation of the first bill, he complained of being drained of money by me. He described his feeling of being under my control, saying that when he came to my office he felt like an automaton with no will of his own. Thus was passivity manifested so early in analysis, the transference of his primitive symbiotic attachment to his mother (Shevin, 1963; Segal, 1963). Searles (1961) has used the illuminating term "paranoid symbiosis" to describe the state which is here described. The opposite state, in which a person feels his object is in a state of enthrallment to him, might conveniently be termed a "grandiose symbiosis".

The early months of analysis were characterized by an eerie uniformity of atmosphere. He

would march quickly to the couch without looking at me, lie down, and remain in a rigid and immobile position for the whole hour. He plunged into fantasy which was rich in content, but expressed in low, even, flat, affectless tones. It became evident that he was dissociating himself both from the reality of his life and from me as a reality figure (though richly related in fantasy). He ignored any remarks of mine completely at this time. However, he remarked later on that during sessions when I had spoken, he left feeling charged into life by my words. This was indicated by the fact that his self-esteem depended on a symbiotic relationship with another, so symptomatic of an oral character (Fenichel, 1945).

Two dreams which occurred the same night, illustrated the way in which the passive, feminine reaction to the homosexual love object with its symbiotic undertones, defended him against powerful drives of oral aggression and greed. The dreams were as follows: (1) "I am in a group which you are treating. You ask me what is the matter with me to-day. Then you pat me on the seat and say 'You are a beautiful boy.'" In association he spoke of his longings that I would take care of him, that his father had taken care of him, and his wishes still to be cared for by his recently lost homosexual friend. (2) (Two parts): (a) I took some illegal work and accepted money for it. (b) Lena Horne was doing an erotic dance.

The gist of his association was the feeling that he was Lena Horne, wishing to seduce me into giving him something that he had always wanted, but was forbidden to take. He thus revealed his passive feminine reaction to his homosexual love object which I had now become, and, in addition, he let fall a hint of its defensive nature (defence against oral aggression and greed). Thus there were signs, amply supported by later material, that, as Nunberg (1938) states, homosexuality gratifies not only libidinal, but aggressive impulses as well.

Identification with Sister (as a Defence)

Now for the first time he spoke of his feelings towards his sister. He described the earlier hatred and jealousy already referred to and the

¹ For much of the analysis, the patient's experience of transference was such that he did not feel himself to be a properly separate individual but rather as though he were an extension of me, i.e. an extension of his early objects. This state was sometimes in the nature of primary identification in which he actually felt as though he were merging with me. More often it could be described as a

secondary identification in which he related to me as a part object. However, even in the latter part-object relationships there was much colouring with primary identification. For the sake of simplicity, this primitive relationship to objects, whether involving primary or secondary identification will be described as "the symbiotic relationship".

later replacement of this by love (Freud, 1922) and by a later narcissistic identification with her. This narcissistic identification now emerged in the transference, as he began to see himself as a pretty little girl like his sister, whom I (as his father) would love and admire. But no sooner did he attempt to gratify this transference wish than he was flooded with apprehension, and he revealed a phobia which he had intermittently experienced for many years. This was the fear of being eaten by rats. He recalled that the fear had become especially vivid on reading Orwell's novel *1984*, in which a prisoner of a totalitarian government is threatened with this punishment. The phobia, at this time, arose in transference because of his inability to seduce me into loving him homosexually. The mechanism was as follows: his inability to seduce me aroused the oral sadism which the seduction was intended to ward off. The oral sadism was then handled by projection to the object (Gillespie, 1956; Bak, 1956).

In the transference the patient's image of me at this time alternated between one of an omnipotent provider and an exacting tyrant. The former was representative of his longing for an all-gratifying omnipotent mother. The latter, in the transference arising out of the thwarting of the former, represented a condensation of the "bad mother" and the father. Thus, the splitting of the mother image had taken place as a means of overcoming the fear of destroying the mother (Arlow, 1952; Gillespie, 1956; Bychowski, 1945). The splitting of the maternal image into two objects was later replaced by a more notable split between his "good mother" and "bad father".

Symbiotic Relationship as Defence

The strongest element of the transference was his symbiotic relationship to the mother. He often spoke of how his mother had adored him, as a young child, putting eggs and milk in his bath, and running her hands lovingly over his skin. Mahler and Furer (1963) have described how for some mothers the infant represents a body part of her, usually her illusory penis. The patient evidently responded to the mother's needs by exploiting them for his own gratification (Shevin, 1963), thus producing a symbiosis in the literal sense.

This symbiotic exploiting served not only gratification itself but defences against oral sadism. The inability to bring this aggression into

the service of the ego in turn obstructed the process of separation-individuation.

It was apparent that if the exploiting could not succeed then the fear was uncovered that the mother was a dangerous, devouring creature (projection of oral sadism). The patient now dreamed of a woman who, on closer inspection, turned out to be a ferocious lion. His association was of a woman who passionately sucked his blood.

Emergence of Oral Aggression

My repetitive remarks to him regarding the absence of feeling in his voice and dissociation from me finally brought an affective response. He came late for three consecutive sessions which was most unusual. When the resistance was pointed out he showed anger at me for the first time. He berated me for the money I took from him and the rigid rules he felt I imposed. But no sooner had he done this than he began to worry about my health, noting my recent bouts of coughing. He wondered what it would be like if I died, then added "If I become independent and free I feel it will kill my mother" (Arlow, 1954; Gillespie, 1956).

I had given many interpretations of his defensive use of projection and reversal. As a result, his active oral fantasies were uncovered and he now began to give vent to his desires to bite me and to drain me of my strength. There was still a good deal of isolation of feeling and I reminded him that all that he said was taken seriously by me as meaning exactly what he said. He soon revealed hidden fantasies of omnipotence. He identified himself with a character in a television play (Jebel Deeks, played by Alec Guinness), a meek bank clerk who succeeds in fooling the management and in embezzling millions of dollars. The paranoid feeling that I had omnipotent control over him was now giving way to the awareness of his desires for omnipotence over me. He began to rail at me when I was a few minutes late, when I moved in my chair, or blew my nose. He demanded my full attention and felt enraged if he did not get it. It was interesting to note that he had sometimes expressed such rages towards his mother as a child, but they always had to be followed by reconciliation, i.e., restoration of the symbiotic relationship.

It was significant that it was during the first emergence of his sadism and omnipotence that his father began to enter into the material more noticeably. Expression of his own sadism

brought fantasies of lurid punishments at the hands of his father, yet there was a sensation-seeking, exhibitionistic quality to his presentation of this material. This exhibitionistic quality was a means of still hiding the reality of his instincts and his fears, providing for him a means of keeping control over me, and so avoiding separateness. This was rather well shown shortly afterwards by his reaction when I told him the dates of a forthcoming vacation. He felt amazed that I could make arrangements without consulting him. "It is hard to believe that you have a life of your own."

After he had discharged the omnipotent sadism to his mother, a much more positive feeling towards her emerged. A new feeling came to the fore in which he felt he could sometimes bask contentedly in an idyllic and beautiful world. Yet even as he experienced this, his father again became a dangerous and threatening figure. There had been a split between the introjects of his idealized mother and omnipotently threatening father. This archaic split between parental introjects has been described by Bychowski (1945). He has described how the ego in homosexuals is weakened by the need to maintain such primitive identifications which have become not only unconscious but dissociated from each other as well as the conscious ego. In the patient, the relinquishing of this division of introjects brought sadness and mourning.

It gradually became evident that he utilized his father (not only in analysis but also in current life) as a repository on which to project his sadism. This enabled him successfully to deny it in himself. He had a fantasy which showed how he handled this projected sadism in a manner similar to the small boy patient described by Anna Freud (1936). In my patient's fantasy, he identified with a little girl in a story, who trained lions. He could be the little girl who trained the dangerous beast, his father, and so made him his friend. This fantasy had an interesting sequel, which will be described later.

He now spoke of going to kindergarten for the first time, at the age of 4½. He experienced this as a great blow to his narcissistic omnipotent control over his mother. This represented a repetition of the disruption of his original primitive identification with her. He developed a fear that other children would tear him to pieces, a projection of the sadism resulting from this disruption. Indeed, throughout his school-days, he remained a timid and uncompetitive

child, considered fair game for teasing by his fellows. His reaction to school was typical of his reaction to frustration of his omnipotence, a replacement of the latter by feelings of enslavement. This cycle was repeated many times during his analysis. It had been a particular feature of the second year of his life, after the loss of his treasured status as a babe in his mother's arms. Thus, he was able to recall miserable feelings of slave-like submission on being taught to walk by his father, and on being persuaded to defecate by his mother. (He felt that his mother demanded he produce "custom-tailored stools.")

Narcissistic Grandeur as Defence

I told him of his endless attempts to force me to behave like a magically gratifying mother. When he cannot do so he experiences feelings of enslavement and a feeling that I hate him. The latter, however, is a projection of his own feelings on to me. His response at first was to attempt to preserve his narcissistic grandeur (Bychowski's term) by suggesting that I was envious because in his work he is able to fraternize with important government officials. He further went on to praise his own professional accomplishments (which were indeed considerable). Such self-praise emanated from his ego-ideal which was modelled on his mother and her aspirations for him. As will be seen in the material to follow, as well as preserving the narcissistic union, this served to defend him against the emergence of the oedipal struggle and also against his identification with his "sadistic" father. He had largely incorporated his mother's view of the latter as a rough and primitive sort of person.

Emergence of Oedipus Complex and Primal Scene

Castration Anxiety

The repetitive interpretation of his clinging to the idealized picture of himself, of his mother, and me brought forth the following. He dreamed, "I was examining some old wedding rings. I turned to see my father standing behind me." In association he recalled lying in bed between his mother and father at the age of 4 or 5. He had slept in their bed for several years as a child, most probably between the ages of 4 and 6. The next night he dreamed "A big man was rubbing his face against me. I saw his mouth; it was horrible. I felt he wanted to kill me." He awoke in fright. The mouth, clearly that of his father, seemed angry and demanding; it also vaguely reminded him of a vagina. There now

followed a series of recollections and fantasies of parental intercourse from his pre-latency years. He recalled one scene in which his mother had fallen or been pushed to the floor, and his father was saying that she could stay there. The night he recounted the above he dreamed "I was kissing H (a current male friend). Mother had cancer of the arm and was to have it amputated." He spoke first of his jealousy of H's relationship with another man. I pointed out that the scenes of intercourse between his parents brought fears of being torn from his mother (H representing his mother), as though he were her arm. Later in the analysis there occurred a session of the greatest emotional intensity in which he re-lived an experience of his father dragging him, as an infant, from his mother's arms. He described the sensation as "like ivy being torn from a wall—it leaves an unbearable wound, painful and horrible. I could see my mother's face full of pain and yearning for me, and my father's face exultant, overwhelming me. It feels as though I have been in a state of shock ever since. That is why I wanted to be like R (his sister) because she had power over him." The deep connection here between the traumatic disruption of primary identification on the one hand and castration on the other, are obvious. It may be related to trauma of weaning which Abraham (1927) considered to have given rise to homosexual phases in one of his patients. Bergler (1944) describes homosexuality as the result of "wrecking of the breast complex", which he considers to be "the entirety of the reactions that arise in the psyche as a consequence of weaning". However, it is certainly not essential that this early trauma be associated with weaning. In connection with fetishism, Greenacre (1953) has postulated the occurrence of continuous disturbances in the early mother-child relationship, which dislocated the development of the libidinal phases and consequently the integrity of the ego. This results in intense separation anxiety, so that the infant tends to cling to the mother as part of himself. The reaction of particular importance

seems to be the massive incorporation of mother and breast that is so fateful for the ego of the individual who is, in the future, to become a homosexual. This incorporation of the mother overcomes the traumatically established separation. Such a massive incorporation of mother is fateful to the ego of such individuals, producing a feminine stamp.

He now recalled his first memory of masturbating at the age of 12, when he overheard his parents in intercourse. He then spoke of his wish to be penisless, like a woman. The penis is dangerous because it brings nothing but trouble. It had become associated in his mind with parental intercourse, and the intense conflict this aroused in him. The feminine identification and penislessness thus defended him against castration anxiety. If one is already castrated then there can be no danger that it will happen in the future. (The elements of deceit in this position are clear, however.) I pointed out how the penislessness helped him avoid rivalry and hatred towards his father. He recalled how he used to lie absolutely motionless in bed at night, fearing that if he moved his father would come to punish him. I was reminded of his frozen immobility on the couch during the early months of analysis.

During a fairly long period of preoccupation with primal scene material, he intermittently regressed to the blissful idealized union with mother, often expressed in terms of wandering through a beautiful garden.

Primitive Identification with Father (and Defences against it)

As a result of these developments there began to emerge the identification with his primitive and sadistically cathected father image.² In this archaic identification with his father, savage oral aggressive sexual feelings towards women emerged. As he began to speak of girls he was now going out with in current life he had fantasies of devouring them. One night he and a male friend picked up two girls on the street and spent an evening with them. On the way

² As has been indicated, he had struggled against this identification by means of a variety of defences. Greenson (1954) suggests that the most obvious but superficial reason for persons dreading the ward-off introject of the internalized parent is that if they become like the hated parent of the same sex, they would be hated by the parent of the opposite sex. (This was certainly strongly operative in this patient.) But Greenson feels that one must also consider the primitive and regressive nature of the introject. He felt that such patients sensed the archaic instinctual drives in their primitive identifications. They were terrified of identifying with this parent (as though

they dreaded being devoured by the parent). In other words, they had felt the orally sadistic nature of the early introjections. Furthermore, the denial of the hated introject had made a way of life and a conception of self possible that would have to be abandoned were the ward-off introjects brought to life. There was no doubt that the patient, described here, had been able to maintain relative ego stability by denial of access to his ego of this introject, with its orally sadistic cathexis. The ego stability in many homosexuals is thus maintained by a firmly established feminine identification which wards off the sadistic introjects of both mother and father.

home he slightly injured his arm, catching it in the car door. He made a great deal of this minor injury, paying several visits to a physician. I pointed out that his relative sexual freedom brought the need to be injured as a punishment. He agreed, saying that he felt he was descending into hell and becoming "a dirty beast" like his father. He kept seeing his mother's body lying dead before his eyes. He thought of himself as a vulture preying upon girls. The following week, when with a girl, he had a "vision" of his father lunging at him. He became pre-occupied with his dark eyes, which resembled those of his father, and felt they gave him away. He felt envious of the negro fiancé of his pretty secretary. Yet in a dream he was a negro himself. As he went out with more girls, the oral sadistic fantasies came more and more to the fore. I indicated that this violence was a voracious desire compounded of sexual wishes and rage at the feeling that the girls would frustrate him as his mother had done. (He was actually very easily prone to experience frustration by girls and would usually then withdraw from the relationship.) He responded in a rather typical way to my remarks by a defensive identification with his sister. Then there were fantasies of taking my wife's place in intercourse as a homosexual regressive defence. Fears accompanied this cathexis of the feminine position, e.g. "I feel you are going to impale me on a spike." At the root of this regression lay a wish to be devoured (Lewin, 1950), a fantasy which he later experienced consciously, i.e., a wish to return to primary identification. His fear of the loss or destruction of his primary maternal object and his defensive identification with parts of her were further demonstrated in a pre-occupation with his own faeces (Parkin, 1963) and memories of his mother's great interest in his stools.

Shortly thereafter the passive regressive homosexual phase gave way again in prominence to oral-sadistic fantasies towards women. In fact, throughout long periods of analysis such active aggressive fantasies would alternate with passive fantasies of return to primitive identification. At one moment he would be savagely ripping into a girl's breast in fantasy, and the next, the breast would be violently shoving into him. The latter also reminded him of his mother shoving an enema tube into his anus. Such aggressive fantasies also aroused fears of bodily disintegration couched in transference terms, e.g., he perceived me as a vicious surgeon.

Identification of Own Body with Body of a Girl

During this time he continued to go out with girls but continued to be afraid of them. Handling them physically he felt was "like touching a red hot stove". And later in the same hour he thought of his own body as like a red hot stove, (Fenichel's equation: own body = girl's body = phallus—Fenichel, 1936.) Greenacre (1953) has described this phenomenon of genitalization of the body. She states

One gets the impression that in some cases the whole body acts as a genital and so any body part may suffer the dangers of castration

In this connection it is probable that overstimulation of the body by the mother in the infantile stage (0–18 months) referred to by both Bak (1956) and Greenacre (1953) were of considerable aetiological importance.

At about this time Mrs Roosevelt died. The patient had greatly respected her and her death became a vehicle for him to mourn both the omnipotent maternal object and his own omnipotence. He said "I'll never be the superman I hoped to be. Life is just a grim joke." At the same time he was beginning to recognize that he had substituted the intellectual and rhetorical accomplishments so much admired by his mother for bodily awareness and bodily power. As he said, "I've been able to withdraw from my body and scare everyone with my intellect." He did indeed compete eagerly and pugnaciously in his work with his intellect. To have a body or a penis, on the other hand, was to be like his father, ramming it violently into his mother in the scenes of intercourse. In recalling this again, he experienced a suffocating feeling and my breathing frightened him, reminding him of his father's "great heavy sighs".

Phallic Envy and Sadism

In the next phase of the analysis, the patient briefly developed envy of my penis as representative of his father's: "You have a big black body and a big black thing between your legs. I want to grab it and tear it into a thousand pieces." Such thoughts of violent and destructively powerful penises were followed by preoccupation with the beauties of flowers, i.e. idealization of the dirty and destructive penis. During evocation of these fantasies about his

father's penis, the tall buildings of the city seemed to tower about him in a frightening way.

He soon regressed from phallic envy to anal sadism. He developed an anal discharge. He saw himself as wilful, defiant, and spoke of "vicious feelings" of wanting to "shit all over you". On two successive days, about a week after the above, he went to the couch without removing his muddy rubbers. I pointed this out to him. He was at first very surprised, but a few minutes later remarked "I want to come to bed dirty and grimy like my father." I reminded that some days previously he had wanted to "shit all over me". He had no memory of this. I pointed out to him that he wished to be able to express such impulses towards me with impunity and then forget all about them. He now experienced intense guilt. A few days later he dreamed "I went to bed with E (a current girl friend). Some flash bulbs went off, and I realized I was being blackmailed." In association with this he had the feeling of being discovered by his father in pouring garbage on the girl. To be "blackmailed" was evidently a consequence of his wish to be a "black male".

This outpouring of anal sadism was followed by a typical defensive manoeuvre of idealization. He became enraptured by Michelangelo's *David*. The statue represented the perfect boy in him, beloved by his mother and denying all sadism. He manifested the same resistance in trying to be an ideal patient.

Now followed the material aforementioned as a sequel to his fantasies of the little girl who trained lions. As he sat on a subway train on the way to my office, he was seized with what he referred to as a "revolting bestial feeling". He felt as though he were a lion eating the woman in front of him. He was genuinely horrified. In the next hour he spoke of how his feeling horrified him because it was the very antithesis of his previous picture of himself. It represented his identification with his "cruel father". He recalled how his father would crack nutshells with his teeth, and how he envied such strength. The lion thus represented his masculinity, the masculinity which he had given away to his father. The upsurge of his oral aggressive identification with his father brought many castration fears and memories, e.g. first visits to the barber with fears of decapitation. In the weeks following he experienced a greater feeling of pleasure in his body and began to take part in physical activities (e.g. swimming), more than he had ever done previously.

Primary Identification, Over-Stimulation of Drives

After this period of relative activity he began to fall temporarily back into a state of passivity. He experienced a delicious feeling of sleepiness. "I want to surrender myself to this marvellous feeling in my body. I feel this room is my whole world." He began to feel that he was very close to me physically, even connected with me, an extension of me. He expressed surprise at the unfamiliar feeling of bodily well being. There were also fantasies of losing himself in his girlfriend's body. Here it appears there were attempts to recover the period of primary identification or of pre-ambivalent symbiosis, as Searles (1961b) calls it. This is the period which must have been so violently disturbed by the premature stimulation of his aggressive sexual impulses. As Bak (1956) puts it

The over-stimulation of undifferentiated libido and aggression may be one determinant for the heightened sadistic disposition with its character of unusual pressure and drivenness for gratification. Large quantities of excitation, at a time when ego development is at its beginning, may establish a tendency to uncontrolled libidinal and aggressive discharge without interference from the ego.

Further material will illustrate this point. During this period of self-surrender, I suggested that this abandonment of himself physically to me served to deny mental and bodily awareness of himself as a separate and real person. In the next hour, he decided to sit up in a chair and remained thus for one and a half sessions. During the time of sitting up, he felt entirely different, both physically and mentally, as though he saw me as a real person for the first time. When he lay down again, however, he began to experience violent itching of the skin, at first in the back region and then extending to the whole body. He felt extremely hot. He then began to recall lying in his crib, as an infant, in a state of violent stimulation. He remembered and relived screaming and biting at the crib rails. He recalled that his hands were tied because he had eczema. This state of intense suffusion of sensory and motor stimulation closely resembled that described by Greenacre (1953) in fetishism but which Bak (1956) believes may be an important aetiological factor in perversion in general. Bak believes this involves both libidinal and aggressive drive energy simultaneously.

There were now manifested oscillations between (a) passive fantasies of blissful merging

with me, and (b) active fantasies of great violence and sadism towards me and towards both his parents, in which he wanted to tear at their bodies. During the passive phase, he felt the room to be cool and soothing. During the active phase it was "smelly and suffocating", and I became menacing to him. He then remarked that he had a massive guilt about his body. "Everything I ever did with my body was wrong and brought conflict with my parents." It was apparent that to have a body separate from his mother was the equivalent of being active and omnipotently sadistic, which had to be denied.

Thus there was, on the one hand, an intense cathexis of his body in its role as part of his mother's body (her imaginary phallus) in part-object identification with her (Parkin, 1963). On the other hand there were fantasies of a reverse kind in which he sought to regain his primitive omnipotence by making me his phallus (this could be called "grandiose symbiosis"). During the latter he felt that his body was large and black, like his father's body. He defended himself against separation during this phase by a peculiar libidinization of my interpretations. He would ignore the content of my remarks and instead respond by reference to "your honeyed tones" and "your crooning voice". This was reminiscent for him of his gratifying mother. It represented a libidinizing of the tools of analysis of a kind that Windholtz (1962) has described. Interpretation of it was followed by an awareness in him of his feelings of cruelty, and feelings also that he had been disguising his wish to threaten me with his huge and powerful body.

He now went on a vacation to Israel. On his return he was elated with the raptures of the Motherland and its glorious girls. Whilst there he felt strong. But before long he felt depressed at the loss of the "paradise" of Israel.

Now there was a return to the primal scene fantasies. He saw his father as a fierce gorilla in the bed, but he now gained recognition of the fact that his father assumed this shape because of his wishes to oust him from the bed. This urge must have been strengthened by the clear preference his mother had shown for him in his early years. Then he began to experience envy of my penis as I assumed the shape of his father in his perception. He wanted to bite it off. I told him how he had given over his masculinity to me, as he had done to his father, and then felt envious. Anna Freud (1951) has described how a homosexual endows his partner with his mas-

culinity, and then recovers it by identifying with him, and treasuring him as a possession. The patient recalled how deeply he had grieved at an earlier period of analysis at the thought of his own circumcision (which, of course, occurred when he was only a few days old).

During this period of oral incorporation of his father's power and penis he gave up cigars, which he referred to as "filthy things to put in your mouth". He also experienced some resurgence of old feelings of being swindled and cheated which had been prominent in earlier stages of his analysis.

Phallic Grandeur. Mourning

Now followed a period of phallic grandeur. He fantasied himself as an Arab potentate, ravishing a thousand women. He sometimes saw himself towering above me, swollen with strength (identification with his father's penis). His oral omnipotence now appeared to have been transferred to his whole body as a penis. He became much more aware of the element of deceit in his identification with his mother, and in the concomitant pretence of penislessness. The new awareness of his body and its sensations meant to him a giving up of the idealized image of himself beloved by his mother. This was accompanied by much disillusionment and grief. The mourning was intense. At the same time it was possible to show how his need to fascinate me with his verbal productions had served to support and maintain the ideal image in union with his mother.

Discussion

This patient, during the earliest period of his childhood, was adored by his mother, for whom he represented an extension of herself, her illusory phallus (Mahler and Furer, 1963). The wish to regain this position, to be fondled and adored by the analyst, was a persistent feature of the analysis. As he put it, he wanted to become once again "His Majesty, the Baby". By her behaviour the mother prolonged the period of infantile dependence on her, laying the groundwork for the persistent primitive narcissistic symbiotic union with her, towards which he always sought to return. It appears probable that when separation came it was experienced in the form of sudden and traumatic cleavage. This was illustrated in the extremely traumatic session in which he physically and mentally re-lived the experience of being snatched from his mother's arms by his father. Parkin (1964) has referred to

the way in which the process of differentiation may be experienced not in a graduated way but as a sudden event involving traumatic disruption of the primary union. Parkin notes Fenichel's (1926) observation that the child's response to the loss is to reclaim the traumatically established object of the mother by introjection.

It appears, furthermore, that this disruptive severance of the primary union was responsible for the outpouring of the strikingly intense destructive aggression seen in this patient. Something similar has been suggested by Bychowski (1954) in connection with perversion when he states that "traumatic weaning during the early phase produces rage and a sense of catastrophic danger". Subsequently aggression would be experienced as very dangerous and would act as a spur to frantic attempts at restitution of the lost union. Such attempts were almost ceaseless in the analysis of this patient.

The oral sadism in this case was, to my observation, of a remarkable intensity. Jones (1932) in "The phallic phase" expresses the belief that oral sadism may be the specific root of both male and female homosexuality. Bergler (1944) finds an oral basis for homosexuality without exception, while Sadger (1910) and Nunberg place considerable emphasis on the importance of oral cannibalism in homosexuality. Such heightened aggression at a very early phase of development results, according to Bak (1956) in damage to the neutralizing function of the ego.

Such intense amounts of destructive drive energy threaten the ego with psychosis. In the case under study such an outcome was avoided by means of the primitive narcissistic splitting of the self (Bak, 1956).

By means of this split, part of the self, representing the union between the self and the primitive mother introject, became invested with goodness. It thus became ego-syntonic and could serve as a bulwark against the ego-alien, or "bad" drive of oral sadism which was invested in the introject of the father. As already noted, Greenson (1954) has spoken of the dread of such repressed archaic oral sadistic introjects.

Such oral sadism invested in the traumatic oedipal phase (with repeated witnessing of parental intercourse along with quarrelling) led him to a sadistic conception of heterosexual relations (Bychowski, 1956). Thus the father was perceived as engaged in the destruction of the mother. The situation at the phallic phase can be further understood in reference to

Gillespie's (1956) observations. He refers to the above-mentioned paper by Jones (1932) in which the latter speaks of genital sadism being derived from the earlier oral sadism (this being the root of homosexuality according to Jones). Gillespie contends the stumbling block for the future male pervert comes in the oedipal situation when the sexual aim becomes an actively phallic one towards the mother. Such an actively phallic function is necessarily combined with a certain amount of aggression and, in the pathological case we are considering, the sadism was of such intensity and so much reinforced by oral and anal sadism that it gave rise to an intense anxiety and the need to retreat from the situation. In the present case the result was such that the very existence of the penis had to be denied.

An unusual feature of this case was the importance of his sister in his psychic life. Born when the patient was 7, it seemed to him that she usurped the position of power that he had originally held and he became destructively jealous of her. However, his jealous hatred of her was combined with incestuous drives towards her, representative of his earlier drives towards his mother. He then felt himself to be a girl whom his father would admire as he admired the sister.

The dissociation of ego and id (Little, 1966) was revealed in his failure to be aware of body-ego feeling until the later stages of the analysis. It was not until the period of working through of his body-phallus identity that he became aware of this feeling. Federn (1926) has referred to such separation of body and mental feeling in depersonalization and dreams. In this case the body ego feeling was especially concentrated in the archaic (and sadistic) introject of the father which had been deeply repressed.

Once the patient had assumed feminine identification, he became envious of possessors of a penis and revealed, at a later stage of the analysis, his wish to recover his lost masculinity. Anna Freud (1952) has referred to the manner in which a homosexual endows the partner with his own masculinity and then attempts to recover it.

All-pervading in the analysis was the patient's attempt to preserve his union with the mother, and with the analyst as representative of her. Particularly powerful instruments of this purpose were (a) his attempts to fascinate and mesmerize the analyst with material he produced, (b) maintenance of a division between the analysis and the rest of his life. This made him find it almost

impossible, for quite a long period, to think about or recall the events of the analysis when he was away from it. It was only in the later stages of the analysis that he was really able to express himself in such a way that he knew it was not intended to create some effect in me. However, I felt that such manifestations of need for union with the mother needed to be tolerated for a time in order that the "healthy ingredients of the child-mother symbiosis", to use Searles's (1961a) phrase, which were injured at the time of

the sudden disruption, might be recovered and re-nurtured. This suggests that the very tenacious maintenance of the symbiosis with the mother may not only be defensive but may also represent an attempt to overcome the constantly-felt threat of disruption. The process of analysis could thus effect a more gradual and tolerable progression of the self towards differentiation. It was as if he had to emerge from the state of primary identification by being mentally born over again (Foulkes, 1937).

REFERENCES

- ABRAHAM, K. (1927). *Selected Papers on Psychoanalysis*. (London: Hogarth.)
- ARLOW, J. A. (1954). Report of Panel on "Perversions: theoretical and therapeutic aspects". *J. Amer. Psychoanal. Assoc.*, 2.
- BAK, R. (1956). "Aggression and perversion." In: *Perversions: Psychodynamics and Therapy*, ed. Lorand and Balint. (New York: Random House.)
- BERGLER, E. (1944). "Eight prerequisites for the psychoanalytic treatment of homosexuality." *Psychoanal. Rev.*, 31.
- BIEBER, J. et al. (1962). *Homosexuality*. (New York: Basic Books, 1962.)
- BYCHOWSKI, G. (1945). "The ego of homosexuals." *Int. J. Psycho-Anal.*, 26.
- (1954). Contribution to Panel on "Perversions: theoretical and practical aspects". *J. Amer. Psychoanal. Assoc.*, 2.
- (1956). "The ego and the introjects." *Psychoanal. Quart.*, 23.
- FEDERN, P. (1926). "Some variations in ego feeling." *Int. J. Psycho-Anal.*, 7.
- FENICHEL, O. (1926). "Identification." *Collected Papers*, 1st Series. (New York: Norton, 1953.)
- (1936). "Symbolic equation: girl = phallus." *Collected Papers*, 2nd Series. (New York: Norton, 1954.)
- (1945). *The Psychoanalytic Theory of Neurosis*. (New York: Norton.)
- FOULKES, S. H. (1937). "On introjection." *Int. J. Psycho-Anal.*, 18.
- FREUD, A. (1936). *The Ego and the Mechanisms of Defence*. (London: Hogarth, 1937.)
- (1951). "Homosexuality." *Bull. Amer. Psychoanal. Assoc.*, 7.
- (1952). "Studies in passivity." Unpublished lecture given before Detroit Psychoanalytic Society, October 1952.
- FREUD, S. (1922). "Some neurotic mechanisms in jealousy, paranoia and homosexuality." *S.E.*, 18.
- GILLESPIE, W. H. (1956). "General theory of perversions." *Int. J. Psycho-Anal.*, 37.
- GREENACRE, P. (1953). "Certain relationships between fetishism and the faulty development of the body image." *Psychoanal. Study Child.*, 8.
- GREENSON, R. (1954). "The struggle against identification." *J. Amer. Psychoanal. Assoc.*, 2.
- (1958). "On screen defences, screen hunger and screen identity." *J. Amer. Psychoanal. Assoc.*, 6.
- JONES, E. (1933). "The phallic phase." *Papers on Psychoanalysis*, 4th and 5th editions. (London: Baillière; Baltimore: Williams & Wilkins.)
- LEWIN, B. D. (1950). *The Psychoanalysts of Elation*. (New York: Norton.)
- LITTLE, M. (1966). "Transference in borderline states." *Int. J. Psycho-Anal.*, 47.
- MAHLER, M. and FURER, S. E. (1963). "Certain aspects of the separation-individuation phase." *Psychoanal. Quart.*, 32.
- NUNBERG, H. (1938). "Homosexuality, magic and aggression." *Int. J. Psycho-Anal.*, 19.
- PARKIN, A. (1963). "Fetishism." *Int. J. Psycho-Anal.*, 44.
- (1964). "On sexual enthrallment." *J. Amer. Psychoanal. Assoc.*, 12.
- SADGER, J. (1910). "Ein Fall von multiples Perversionen mit hysterischen Absenzen." *Jahrb. f. psychoanal. u. psychopathol. Forsch.*, 2.
- SEARLES, H. F. (1961a). "Anxiety concerning change as seen in schizophrenic patients with particular reference to the sense of identity." *Collected Papers*. (London: Hogarth; New York: Int. Univ. Press, 1963.)
- (1961b). "Phases of patient-therapist interaction in the psychotherapy of chronic schizophrenia." *ibid.*

SHEVIN, F. (1963). "Countertransference and identity phenomena manifested in the analysis of phallus-girl identity." *J. Amer. Psychoanal. Assoc.*, **11**.

SEGAL, M. M. (1963). "Impulsive sexuality: some clinical and theoretical considerations." *Int. J. Psycho-Anal.*, **44**.

WIEDEMAN, G. H. (1962). "Survey of psychoanalytic literature on overt homosexuality." *J. Amer. Psychoanal. Assoc.*, **10**.

WINDHOLTZ, F. (1958). Contribution to Panel on "Technical aspects of regression". *J. Amer. Psychoanal. Assoc.*, **6**.

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ADDITIONAL ASPECTS OF PASSIVITY AND FEMININE IDENTIFICATION IN THE MALE¹

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Problems of male passivity have occupied the attention of psychoanalysts for some time. Many have written about it in one connection or another (Bak, 1953; Blos, 1960, 1962; Bornstein, 1949). Anna Freud pointed to the difficulty of treating such patients long ago (Brody, 1964; Connolly, 1959). Hart (1955) called attention to the need for further study about the function of the ego and of anxiety in the transfer of the passive experience to an active experience. Much remains to be added.

Just as we consider it inevitable that the possession and particular characteristics of the penis play a role in the psychological development of the boy, so must we accept the fact that he also possesses a scrotal sac and testes which have a separate meaning in his psychological development.

Over the past years a continued study of male children, adolescents, and adults has impressed me with the fact that the sac and testes have a very different meaning from that of the penis for the male. Therefore I would suggest the inclusion of the psychological meaning of the entire male genital, sac, and testes as well as phallus, to enlarge our present body of knowledge about problems of passivity.

In previous papers I have discussed the role of the scrotal sac and testes in relation to castration anxiety (1961, 1963), bowel training (1963), prepuberty problems (1965), problems of homosexuality and of feminine identification (1961, 1965). I have also mentioned the importance of the scrotum in terms of body image and symbolic equations with eyes, breasts, and other paired organs (1961, 1965).

Additional study has brought corroboration of these earlier findings. It has also revealed, clinically, additional aspects of passivity and feminine identification as well as the sequential appearance of such material in male develop-

ment. In the past I have speculated about the possibility of an additional phase in male development. In a personal discussion of this material with the late Dr A. Alpert, she too raised the possibility of a testicular phase in the boy as a parallel to the phallic phase in the girl.

A study of 4½ year-old male children, from which material will be reported here, suggests that the sac and testes play an organizing role in problems of passivity and feminine identification. It also indicates that inclusion of this area enables us to validate clinically speculations about the boy's wish for a baby and his wish for femininity. Heretofore these speculations were based on reconstructions (Jacobson, 1950). This study reveals the age and possible phase at which these ideas emerge and the exact nature of the fantasy. These boys equated the baby in the "sac" of the mother's abdomen with the testicle which moved up into the inguinal canal and returned to its sac.

It must be emphasized that the observations to be reported do not minimize the role of the penis but rather seek to extend our understanding of the male response to his total genital; and the scrotum and testes, while they are not all-important, do play a part.

It was Greenacre who pointed to the need for an exploration of bodily structure and changes as influencing psychological functioning (1958, 1964). In her study on the nature of inspiration, she points to the differences in reaction during the phallic phase between boys and girls and reminds us that

"thought is never really unbodied. One way or another thought bears the imprint of the accompanying body."

Hence a few comments on the medical and biological character of the scrotum and testes are in order.

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I have pointed out (1961, 1963, 1965) that the retractile or jumping movements of the testes occur as a reflex of the cremaster, a striated muscle. We must now add the significance of contractions of the tunica dartos. The tunica dartos lies directly under the scrotal skin and is composed of smooth muscle. It contracts in the same way that all smooth muscle does, under the influence of the autonomic nervous system which is involuntary and therefore subject to emotional changes. The galvanic skin response does likewise. Muraoka in Japan has reported finding two different reflexes—scrotal and cremasteric. He found a close correlation between the scrotal reflex registered by the tunica dartos and the galvanic skin response. Preliminary investigations in psycho-physiology, by Bell and Stroebel, confirm this. They found a positive correlation between the scrotal reflex and the galvanic skin response. However, further confirmation is still required. The tunica dartos seems to be a very sensitive indicator of emotional change, preceding the galvanic skin response by two seconds in some subjects.

Thus, when a testicle retracts during cold and fear and the scrotal skin becomes wrinkled or "tight", as boys call it, *the boy is forced to wait until it descends again*. This can take several minutes, several hours or *several days*. During this period of time, be it of long or short duration, he remains helpless and passive until the cremaster and tunica dartos relax. Inasmuch as practically all male children have an open external inguinal ring until age 6 and often into puberty, complete disappearance can occur. Most children are aware of these movements and verbalize this awareness. Under these circumstances the possibility of a relatively universal passive experience in the male during the first six years of his life needs to be considered. Furthermore, there are many boys who remain with an open inguinal ring well into puberty. Some children can voluntarily pull up a testicle by contracting the anal sphincter.

Since 1952 the paediatric urologists have stressed the psychological importance of the empty sac due either to retractions or true cryptorchism. Connelly (1959), Koop (1952,

1957), Robinson and Engle (1954, 1955), and others have pointed to the psychological trauma of the empty sac. It is unfortunate that psychoanalysts and psychiatrists have not heeded their advice. Except for the papers of Bell (1961, 1963, 1965), Blos (1960), Glenn (1965) and Yazamajian (1966a,b, 1967) and a few others, no psychoanalysts have published papers on this subject.

Several psychological questions now arise. What does enforced passive waiting mean to the child? How does it affect his ego functioning? How does he transfer the passive experience to an active experience? What are the implications of the empty sac which can last for several days, according to the urologist? Such questions are best answered by clinical observation.

Case Material²

Case One:

Bert, age 4 years 7 months, was the elder of two siblings. His sister was 2 years younger. On intake he was found to have markedly uneven ego-functioning. His reality-testing was poor, his object relations were seriously disturbed. He confused people with inanimate objects. He had a serious inability to protect himself from the aggressions of others, and was unable to express any overt aggression. He had night terrors, a severe stutter. Toilet training was not accomplished until 3 years of age.

When he began treatment his drawings were amorphous scribbings, without form, quite like those of schizophrenic children. Although his intellectual endowment was superior, speech was not too well developed. In addition he had a stammer. From early infancy he had been severely punished and spanked for infractions of rules related to cleanliness, control and bowel training. In sharp contrast, he was permitted complete sexual freedom with his younger sister. They would crawl into one another's bed, sleep and cuddle together in the nude, and maintain "their private life". His stutter had become quite severe by the time he was 4½. Treatment was begun one month later. Since his ego development was seriously impaired, problems of aggression had to be analysed to some degree before he could channel and express his aggressive

² The following cases and others were undertaken for a study of male children with bowel training difficulties. They were supervised by me at the Child Development Center of the Jewish Board of Guardians. We are indebted to R. Schulman for these referrals. Prior to and during therapy each therapist was cautioned not to introduce testicular

interpretations until such material was clearly evident. In each instance (except case I) the child was given a wide variety of play material. The choice of the ball with which to play was entirely his own. Comments on the genital included the penis as well as the sac and testes. The therapists were: Case I—M. Masket, Ph.D.; Case II—B. Singer, M.D.

impulses. We are concerned with the problems of passivity and feminine identification.

This material began with anal play punctuated by frequent visits to the toilet "to make BM" whenever he felt anxious. Often he did not actually defaecate. He was heard to sing in the bathroom, "Come out BM! Where are you? Oh here you are." The play, which went on for some months in its elaboration, expanded to include a symbolic interest in the body, but still in a removed way. He was interested in things going up and down, appearing and disappearing, or dropping off. We have always regarded up-and-down movements as related to anal activity or phallic activity. In this instance it was revealed to be more closely connected with testicular activity by his fantasies and subsequent play. As time went on, an outstanding quality of his games became the insistence that the analyst wait—either until he came out of the bathroom or until he made the proper noises, which had to be in twos. Thus he was in control. Whenever he became anxious about his inability to control the comings and goings of people he cared about, his stutter increased.

The objects of most interest with which he played during this period were mechanical things: clocks, staplers, the typewriter, telephone box. With the telephone, the coin-return compartment which made two noises when manipulated was of interest. He put two pennies in and when they did not come out, his stammer became worse. He then tried a knock-out bench. When he could not push the peg back in, he went to the bathroom, ostensibly to make BM. This behaviour of going to make BM became a repetitive and an important indication of his anxiety. The clock was later revealed to be connected with "mommy machines". When the connection between his interest in mechanical objects that worked and his body was made, it resulted in more focused interest in the up-and-down, and falling-off activity. Finally after several months, during which his fears of faecal loss had been interpreted repeatedly, with no change in his play, we decided to mention possible fears of testicular loss. In session 91 he was asked after one of his frequent visits to the bathroom, whether he looks at anything else besides his BM's. He replied he sometimes looked at his 'ballies'. *At this point his stutter became more severe.*

He became involved in a game of disappearing and reappearing objects. He used pipe-cleaners to make round shapes which bobbed up and

down over the table top. Ultimately his uneasiness about the appearances and disappearances were connected with the movements of his testes. "Maybe you worry about your ballies moving as well as your penis and BM," he was told. Although his penis was consistently included in the therapeutic comments, he focused on his testes.

After he had worked through some of his anxiety about their movements and possible loss, he would run out to see whether his testes were still there during sessions. He was informed that although they moved up and down they did not fall off.

The material shifted to his interest in how babies were born. The machines became "Mommy's baby-making machines". He brought a fantasy of being a kitten inside its mommy who could see all her baby-making machines. His own desires to have such machines were verbalized. He would have more than his mommy. At this point he placed two puppies, one on each side of his penis, and said, "They need a nest." This play was repeated for many sessions. He always selected two puppies. The play continued with a modification. The two puppies now appeared and disappeared, bobbing up and down over the top of the table, just as the wire loops had in previous sessions. He denied sex differences. Daddies could make babies too, he stoutly maintained. This is exactly the *same* response that we found in the other children studied. His demands in therapy for a toy which ejected small balls became insistent. He wanted to make babies inside of him. He considered the testicles as involved in baby-making. He began to show an interest in the body and its structure. In response to his curiosity about the body, especially testicles, we provided books which he had asked for and read—children's books on the anatomy of the body and a book on how babies are made and born.

He was much interested in the testicles, how they functioned, and what their anatomical structure was. He explored his own carefully. He tried to see them from the front and back. He felt them. He was interested in the illustration of the tubules and carried this over to other convolutions, particularly those illustrative of the brain and digestive tract. He soon decided he wanted the therapist's brain if he could not have her baby-making machinery.

He finally expressed the conflict. Shall he grow a big penis like dad or make babies like

mom? After full clarification about his testes and their role in procreation, he turned to his bones and muscles and took pride in his ability to control his arms and legs.

In the course of these months his ego-functioning took a tremendous spurt forward. His reality-testing, mastery, sublimation, learning, synthesizing, and organizing ability—all improved markedly. He was now able to do representational drawing; heretofore his drawings had been scattered, formless, like those of a very young psychotic child. In fact it was after his discussions about the body as having separate parts, each of which had its own function that he was able to synthesize these concepts. He went home and for the first time made representational drawings of people, houses, and cross-sections of rockets.

A certain amount of *mastery* of the *passive experience of waiting* for the testicle to descend had been accomplished through the games in which things dropped off and came back under his control. The controlling of his therapist likewise played a role.

Only after the working through of the feminine connotation of his testicles as his "baby-making machinery" was he able to verbalize that the extra power, vested in his phallus, which his sister admired, was of value. He decided he would rather be a daddy. He did not want the pain of childbirth. A most amazing change in his posture, gait, and appearance took place. He changed from a passive clinging frightened little boy to a phallic one. He was now able to impart his superior knowledge to his sister. His mother referred to him as a "big shot". He walked like a he-boy, and he glowed at the power of his muscles. Interestingly, his stammer improved and finally disappeared. It was brought home to us by a member of the staff who exclaimed about his changed appearance, "He suddenly looks like a real boy." We now had a boy entering the phallic phase. Certainly these gains were not completely consolidated and subsequent experiences will influence his development.

Unfortunately the study of this aspect had to be terminated at this point, although we were able to see in this child a definite period through which he passed and the influence of this portion of his analysis on his improved ego-functioning. His ability to learn, to synthesize and organize, as well as his reality-testing, showed changes beyond our expectations. However, up to the present time, these changes must be viewed as transitory.

His stammer which had gradually subsided, disappeared entirely, as fears about the loss and uncontrollability of his testes diminished. In the treatment situation this actually was documented hour by hour. He could now verbalize his awareness of testicular retractions and identify their cause. On his way to school one day he had passed a drunk and had been frightened. He entered his session with the remark, "It went up today." When asked what had happened, the story came out.

The early part of the analysis of this child revealed repetitive play with one common denominator—objects appearing and disappearing, moving up and down, falling off, and being replaced by him. He verbalized his precise fears of loss of *faeces* and *testes*. He explored his fears of passive waiting and instituted attempts to overcome the uncontrollable retractions.

He expressed his desire for femininity. It was vested in fantasies about the testicle as the baby-producing organ in the male which he deemed inferior to the baby-making machinery of his mother. In time, in a sublimated way, he was able tentatively to identify with the active male.

There is one danger for this boy, still. The frequent spankings which aroused fear and hence were associated with retractions could well lay the groundwork for scrotal erotization. Most analysts are unaware of how much prepuberty and puberty boys and even adult males stimulate this area and of the fears connected with it at this time. As a matter of fact, it is a frequent occurrence that prepuberty and puberty boys, after masturbation either scrotally or penilely, feel afraid that they have injured their genital. Careful inspection at such times brings an awareness of the fact that the left testicle hangs lower than the right. Although this is a normal phenomenon, it is often reported by the boy as evidence that he has injured himself.

Case Two:

The second case, Mike, also 4½, is of interest because despite the fact that at 10 months of age he had been hospitalized for three months because of a nephrosis, with a plastic bag taped to his penis throughout his entire stay, he too, centred his attention on his testes. His mother expected a new baby in the very immediate future. He had been seen at intake with supervision through a one-way screen. Since analysis was not possible, we decided on an analytically oriented therapy and a continuation of the one-way screen situation.

During the early part of his treatment, he expressed the identical fears of loss of his testes and made the same attempts at mastery of their uncontrollable movements as had Bert. He chose a ball to play out these ideas. Unfortunately we had not provided any for Bert. He expressed the same wishes for femininity and the ability to create babies, as had Bert. He too equated the baby in his mother's abdomen with the testicle which went up into his abdomen. And he too wanted a full explanation of the activity and function of his testes. Originally he had described the difference between boys and girls as, "girls have a tushy and vagina, and boys have a tushy and a penis". When asked what the boy had behind the penis he seemed to know in a vague way.

The detailed play of this period will be reported in a longer version.

Mike's reactions to the arrival of his sibling were expressed predominantly in *anal and testicular terms*. Practically no material appeared in relation to his brother's phallus. Quite the other way round: in his mind his brother had a large bottom with a large scrotum and two big testes which never retracted and which he considered vastly superior to his own. He blamed his mother for this. Subsequent sessions enlarged on the idea that he was not born right because his testes retracted. When he was asked one day whether his testes had gone up, he said, "No, I scotch-taped them down." After working through some of these feelings he turned to older boys and more phallically-oriented activities. It is possible that he might have gone on to phallic genitality had he not had a setback.

Unfortunately, Mike's kidney illness exacerbated just at this time. A biopsy was considered. His lamentations were pitiful. He was sure his testicles were getting "broken and broken". "How could he go to a party with broken testicles?" he wanted to know. No amount of explanation and drawing on the part of his therapist helped. To make matters worse, when he went to the clinic to be examined as to whether or not a biopsy should be done, he evidently got so frightened that his right testicle retracted very far into the canal. It could be brought down only with the greatest difficulty. Now he was sure his "tushy was a mess". Obviously he still considered his sac and testes as part of his "dirty" anal area.

In the following sessions he began to smear and mess. I have referred to the tendency toward anal regression under stress in a previous

paper (1965). He constructed a clay horse. At first the head fell off and he asked the therapist to help him fix it. The legs were pushed up and down. Finally when they had been reinforced with toothpicks he announced he would make the penis and balls, commenting that they must be kept from falling off, "The right ball does tricks; Dr R had trouble finding it," he said. He began playing ball with his therapist. As they played he announced that now the ball was better; it did not go so fast. During the session he attempted to appropriate the ball. When asked why he wanted it, he replied "I don't have one." He actually did pilfer the ball at the end of that session even though he had verbalized his feelings. The need must have been very great indeed.

The next hour he indicated that the pilfered ball had got lost; and that he wished his therapist would fix his testicle. He had many questions about the children of his therapist and seemed to say "If I had you for a dad my testicle would be all right." The idea emerged that it is the father who protects the child's testes. I have come across this idea in other patients.

Although it was explained many times that nothing was wrong with his testes he insisted that something surely was wrong and that was why he would have to go to the hospital. He overtly expressed his fury with his testes, referring to them as "my damn balls". This is similar to the expression of a cryptorchid patient reported in 1961 who also remarked, "My damn balls, I hate them." He was told that the opening to the canal would close when he got older and then the testes would stay down.

The approaching hospitalization was discussed and played out in great detail. Careful explanations of the procedure were given. He was told that it had nothing to do with testicles. He was shown exactly where the kidneys were and what was wrong with them. In spite of this he persisted in the belief that it all had to do with his "busted testicles". One can understand his fear that his testicle would be injured even though he now knew the site of insertion of the needle. If one considers that to the young child "way up" is inside the body and he knows the testicle will be "way up" when it is stuck, this fear follows very logically.

It is of great importance to note that *physiologically there is nothing wrong with either of these children's testes. Both were concerned with their retractile activity just as most boys of this age are.* Obviously from the above, the psychological

implications of this important physiological phenomenon should be worked through in the therapy of every male child where available material permits it.

An interesting idea came out which certainly warrants further study of the boy of this age. His early pre-oedipal anger is with the seeds rather than the penis of the father. He seems to think that the role of the father is a passive one. The father gives "the seed" from his testicle to the mother. She plants it, grows it in her tummy and makes it into a baby. Thus she is the active one. It seems to me that this early fantasy is more universal than we think. It is not surprising to find a reversal and denial of roles. Mike denied that the mommy carries the baby. He insisted that the daddy does. Males have big "tummies" according to him, not females. Bert did likewise. Other children have expressed this denial too.

As summer vacation approached and he was told about the forthcoming interruption, he began a game of objects appearing and disappearing but was able to verbalize directly his sadness and remark that it would be a long time. He spontaneously told his therapist about the disappearances of his testicle. When he woke up in the morning nowadays, it was not there. While continuing with the subject of the vacation he remarked that his ball went up a great deal and he was very angry with it. He took a scissor and began to cut up one of the balls that he frequently used. Just as before, he indicated his anger with his ball. Again we have separation anxiety related to loss of therapist and loss of testicle. He is helpless in each situation but can now deal with his feelings more directly.

Summary

One would have expected Mike to bring a great deal of material about his penis in view of the fact that his illness had focused so much attention on it for the better part of his life, i.e. from 10 months to the present. Yet, as we can see by the sessions, until he was able to work out his preoccupation with the uncontrollable retractions of his testes, he brought very little phallic material. His attempts to overcome the passivity imposed on him by the uncontrollable retractions were played out by attempting to actively master the ball in a symbolic way at first; later they were directly verbalized. Throughout the treatment, whenever he felt threatened or anxious he communicated the information that his testes were jumping out of control.

Discussion

There is one observation which we must consider, not as a criticism, but rather because of the scientific interest which all who work with children surely share. The children in this study were all offspring of sophisticated parents who had had analysis or analytically oriented therapy themselves. The children had already been told that a boy has a penis and an opening from which he defaecates; that a girl has a vagina, a tube inside for urinating, and an opening for defaecation. By and large, interpretations as revealed in the analytic literature refer only to fears of phallic loss. This subtly closes the door to any material on the meaning of the sac and testes.

For this reason, when Mike began to describe the difference between boys and girls, we did not accept his omission and denial of facts which we knew he had already learned from his mother. When he described the differences between boys and girls, we asked what else the boy had and what is behind the penis. As we have seen, he actually knew himself. For him this opened a door, as it did for all the other children treated in this way. Thus, if we give the child a choice by mentioning the entire genital—sac and testes as well as penis—he is freer to tell us his fantasies.

I have found that under such circumstances the child does not spontaneously go from an anal to a phallic phase. He brings anal, then testicular material. Only after he has worked out his feelings in these areas does he come with phallic material. The children in our study were all about the same age—4 to 5. From their histories, the preoccupation with the scrotal area reached its height at about the time of toilet-training, and continued until phallic development was attained. This seems to be the case with the normal boy child as well. More recently, others as well as myself have been able to elicit such material.

What have we found in these cases?

(1) Each child verbalized his awareness of testicular retractions and their uncontrollability which he perceived as rendering him helpless and passive.

(2) Each, depending on the severity of his illness, instituted attempts to overcome his helpless passive state. The responses ranged from paralysed immobility, as seen in Peter, not presented here, to attempts at active mastery through ball play, as seen in Mike (and Jim, not included here).

(3) Each turned to an identification with the active creative mother. Such feminine identification could be viewed as a positive step at a phase specific time. In our cases, the identification with the mother's ability to create babies invariably carried the idea that the testicle in the sac was equated with the baby in the uterine sac. It went up into the abdomen just as the mother's baby did. Marcuse reports an 11-year-old boy with a similar fantasy. These fantasies were accompanied by a denial and reversal of role. Both Bert and Mike insisted that daddies could make babies, not mommies. As this was worked out we saw both turn toward a masculine identification.

In Mike and Peter, another child, one might conjecture that the tendency to feminine identification was stimulated by the mother's pregnancy. But how can we explain it in Bert? In my opinion it is part of normal development. It seems to me that each boy goes through a period of heightened interest in the scrotum, during which he wishes for feminine attributes. Jacobson has mentioned the wish for a baby in the boy, reconstructed from adult analyses. Here we have it *in statu nascendi*. Just as each girl goes through a phallic phase, wishing for masculine attributes, the boy wishes to take on the qualities of creativity which he considers the mother to have.

There are children in whom the identification with the female is accompanied by extreme passivity with libidization of the passive role. In such cases help is needed as soon as possible. In fact the prophylactic implications are considerable if we include this area. It is in the context of the feminine identification during the testicular phase that the roots of bisexuality in the male find their origin.

(4) There is a period in which a heightened awareness and preoccupation with the scrotum and testicular activity exists. This begins at the time of bowel training and continues until phallic oedipal development gains ascendancy. During this period specific ego changes take place and characteristic defences appear.

As the ego sought to overcome the anxiety, we found these children making active mastery attempts in a sublimated way. Actually, I would view sublimation as one of the characteristic ego functions of this period in male development. The male child becomes interested in mastering. He turns to mechanical things and large- and small-muscle coordination. His interest in learning takes a significant step

forward. His reality testing, synthesizing and organizing functions also improve. In short, we may say that there is a visible maturation of the ego. The superego, still severe, is particularly so about loss of control. The characteristic defences of this period, denial and repression, stood out in each of the children we studied, as did reversal of role.

A much neglected aspect of early problems of passivity plays a role in connection with faecal versus testicular loss. Once the faecal mass has passed a certain point the child cannot withhold it. At that moment he is rendered passive. His early fear of loss and lack of control in this connection has a reality factor (*viz.* the actual loss of the faeces). The anxiety he feels must be mastered in some way. He masters his sphincter control by deciding for himself when he is ready to allow the loss. This, in a sense, is an active mastery. With the testicles, matters are different. He is *never* in a position to decide *when* or *if* he will permit an involuntary retraction.

The development of the male depends, to a greater degree than we have been wont to assume, on his psychological reaction to this biologically induced passive state. Insofar as this is a universal phenomenon among male children, it is of significance for phase development. This statement does not minimize the phallic components of male development. The boy child makes an identification with the masculine father, but there is a bisexual element which varies with each male. He retains some of the earlier identification with the creative mother. If his anxiety is too great, he may become one of the impatient active doers. Or he may become a passive procrastinator who anxiously waits and finds pleasure in the tension of the waiting. It would be in this group that we find the "passive" males who often remain with the predominant wish for femininity. There are innumerable variations. Certainly, constitutional predispositions, parental attitudes, and sibling relationships will have played a role in moulding the structure with which the child enters the testicular period.

Conclusion

It is unfortunate that so little information about this period of life is reported in psychoanalytic literature. We feel that the scrotum and testes play an organizing role in problems of passivity and feminine identification. The study

of these children again raises the possibility of a testicular phase in which the maturation of particular ego functions takes place. Prominent among these are sublimation, mastery, improvement in cognitive functions and reality-testing. The experience of the helpless passive state due to uncontrollable retractions stimulates a turning to active mastery-attempts and to a feminine identification with the active creative female, thus laying the early roots of bisexuality. The fantasy equating the testicle in the "sac" with the baby in the uterine sac emerges at this time. Typical defences which emerge are denial, repression, and reversal of role.

Obviously, the total psychological develop-

ment of the male does not depend on the activity and meaning of the scrotum but it does play a part. Without it, a complete understanding of male passivity and feminine identification in the developing male is not possible. Since our interpretations included both phallus and testes, leaving the choice to the child, we can safely say that such material can be elicited. Most important is the fact that not one of these children had actual pathology of the testicles. These cases were checked very carefully with detailed session notes immediately after each session, or with observation through a one-way screen. It is my impression that much more study of this period in the life of the male is indicated.

REFERENCES

- BAK, R. C. (1953). "Fetishism." *J. Amer. Psychoanal. Assoc.*, 1.
- BELL, A. I. (1958). "Some thoughts on post-partum respiratory experiences and their relationship to pregenital mastery, particularly in asthmatics." *Int. J. Psycho-Anal.*, 39.
- (1961). "Significance of scrotal sac and testicles." *J. Amer. Psychoanal. Assoc.*, 9.
- (1963). "Bowel training difficulties in boys." *J. Child Psychiat.*, 3.
- (1965). "The significance of scrotal sac and testicles for the prepuberty male." *Psychoanal. Quart.*, 34.
- BELL, A. and STROEBEL. Unpublished paper.
- BLOS, P. (1960). "Comments on the psychological consequences of cryptorchism." *Psychoanal. Study Child*, 5.
- (1962). *On Adolescence. A Psychoanalytic Interpretation.* (New York: Free Press.)
- BORNSTEIN, B. (1949). "Analysis of a phobic child." *Psychoanal. Study Child*, 3-4.
- BRODY, S. (1964). *Passivity.* (New York: Int. Univ. Press.)
- CONNOLLY, N. K. (1959). "Maldescent of the testis." *Amer. Surgeon*, 25.
- FREUD, A. (1952). Studies in Passivity. Lecture given to Detroit Psychoanal. Soc.
- (1965). *Normality and Pathology in Childhood.* (New York: Int. Univ. Press.)
- FREUD, S. (1905). *Three Essays on the Theory of Sexuality.* S.E. 7.
- (1925). "Some psychological consequences of the anatomical distinction between the sexes." S.E. 19.
- FRIESS, M. (1944). "Psychosomatic relationship between mother and infant." *Psychosom. Med.*, 6.
- GLENN, J. (1965). "Sensory determinants of the symbol three." *J. Amer. Psychoanal. Assoc.*, 13.
- GREENACRE, P. (1958). "Early physical determinants in the development of the sense of identity." *J. Amer. Psychoanal. Assoc.*, 6.
- (1964). "A study on the nature of inspiration. I. Some special considerations regarding the phallic phase." *J. Amer. Psychoanal. Assoc.*, 12.
- HART, H. H. (1955). "The meaning of passivity." *Psychiat. Quart.*, 29.
- (1961). "A review of the psychoanalytic literature on passivity." *Psychiat. Quart.*, 33.
- JACOBSON, E. (1950). "Development of the wish for a child in boys." *Psychoanal. Study Child*, 5.
- KEISER, S. (1949). "Fear of sexual passivity in masochists." *Int. J. Psycho-Anal.*, 30.
- LOEWENSTEIN, R. (1935). "Phallic passivity in men." *Int. J. Psycho-Anal.*, 16.
- MARCUSE, D. Unpublished.
- MURAOKA, O. "Comparative study on the creamster and scrotal reflex." *Sukushima J. med. Sci.*, 13.
- ROBINSON, J. N. and ENGLE, E. T. (1954). "Some observations on the cryptorchid testis." *J. Urology*, 71.
- (1955). "Cryptorchism." *Ped. Clin. N. Amer.*, Aug. 1955.
- YAZMAJIAN, R. V. (1966a). "Testes and body image." *J. Amer. Psychoanal. Assoc.*, 14.
- (1966b). "Reactions to the differences between prepubertal and adult testes and scrotum." *Psychoanal. Quart.*, 35.
- (1967). "The influence of testicular sensory stimuli on the dream." *J. Amer. Psychoanal. Assoc.*, 15.

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AUTONOMY AND IDENTIFICATION: THE PARADOX OF THEIR OPPOSITION

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In clinical and everyday experience one so often finds that the negative aspects of parents rather than their positive ones become the primary focus for identification. The psychoanalytic literature has amply demonstrated how undesirable, feared, resented, and despised aspects of the parental figures serve the processes of identification; and the consequences of this for ego-splitting, self-hatred, hostility, etc., have been dealt with by Bychowski (1956a, 1956b, 1956c, 1958), Anna Freud (1936), Freud (1924, 1925, 1927, 1940), Klein (1932), and others.

We are thus presented with the question of why there is relatively little identification with the desirable aspects of such parents as well as of parents having much more benign relations with their offspring? What is it that thwarts the processes for growth inherent in identification with the positive in one's elders?

Let us look at the following example taken from analytic practice. A young professional man in his thirties and in his second analysis reports how he feared his father's rages and felt contemptuous toward him for them. We discover that although he rejects such behaviour consciously, unconsciously his awareness of his own "potential" for explosiveness represents a secret source of strength to him.

Needless to say, oedipal features are involved in this unconscious identification. He saw his father the way mother said he was: primitive, brutal, impulsive and unthinking. She made the son partner to her frightened, childlike girlishness, obscuring in this fashion her use of this to rationalize her withholding from father. We might say that she seduced her son by offering him the opportunity to be her knight, and that this endangered him in an oedipal sense.

The desperate need to secure her love had its antecedents in the earliest phases of his relationship to her. Without exploring this further at this

point, let us just state that *to give up his needs for hers* became the theme for obtaining the evanescent security of her love and attention. It was in part as a reaction to this that the father's hated and feared characteristics were secretly identified with, serving in this way one phase of the ambivalence in his attitude toward a mother who had denuded and eluded him.

Does this mean that all of father's other qualities were neutral, without positive or negative valence? Does it mean that he could not identify with his father's genuine strengths: his manliness, resourcefulness, flexibility, ability to respect productive men and independence in women, because within the oedipal situation his mother rejected all these qualities? If so, could he not have gained satisfaction from secretly identifying with any of these positive but rejected qualities? Or was it precisely that in secret he was all that which his mother complained of in his father? If so, his secret identifications were motivated by repressed rage against her, thus reflecting a parody of her complaints. In that case we could expect the absence of that kind of an identification which serves as the basis for the experience of realness and aliveness, of health and validity, in letting one openly enjoy one's identity. Because everything was secret, and because everything secret was despised by a part of him, this was indeed the finding.

Was there then no positive identity because the inadmissible rage against mother left no room for anything but manoeuvres aimed at secretly defeating her? And on the other hand did the seeming fulfilment of his oedipal wishes make him fear and, therefore, reject all of his father's positive points? Certainly all of this played a role, and yet, when we follow the patient in his struggles, answers involving greater complexity suggest themselves. When, toward the end of his second analysis, the patient pursued the vicissi-

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tudes of his identification with his mother, he one day exclaimed: "I used my father's wish for my growth against him. In considering him vulgar, empty, and hypocritical I did not have to know his love for me. I did not have to know that which was contrary to my mother's attitude." In short, he accepted his mother's view because (a) he needed her and wanted her, and (b) in doing so he avoided father's love and his own for him. As this patient stated regretfully: "I could have loved father."

Why then was this so unsafe? Was this unconscious identity with his mother in part a manoeuvre designed to provide an obstruction against the loving father, since such love would have endangered his tenuous position with his mother? Was this obstruction a safety device to avoid the submissive homosexual implication of love between men which to him was based on the prototype of a fragile, childlike, stubborn, and yet submissive, mother to a ferocious father? No doubt all these features entered; and yet, as the analysis showed, they were not sufficient as explanation, nor as factors sufficient to increase his capacity for genuine and full awareness of the individuality of others and of freeing his relations to men.

The analysis of these features and their derivatives had been exhaustively undertaken in his first analysis without resulting in genuine movement in this vital direction, a direction the patient himself desired. Something else—more basic and profound for this man's experience—had to be tackled first. In order to pursue this we must go back to the very first beginnings of the self as we can now reconstruct it for him.

This man's infancy was a time of blissful warmth and deep physical intimacy with a mother who—because of her own infantilism

and fear of becoming independent of a strong matriarchal mother—loved him, but never for actions generated on his own. As long as he fulfilled her image of him-and-her as an adored unity, and thus did not endanger her own repressed hostilities toward a feared and resented world, there was an abundance of love. When, however, he was intent on his own activities, explorations, and interests, she withdrew, became cold and depressed. As he grew older this became mixed with belittling him and competing with him. His consequent rage was early aborted since it threatened him with her withdrawal. The very existence of any urge to violence became for him a signal of having to fear himself.^{3,4} His obsessive nagging on the other hand brought her attention.

How does a boy with a temperament⁴ that seeks physical contact and stimulation develop a genuine self under such conditions? How does a nucleus of a sense of self—of pride in one's actions and mastery—take root if everything one does for oneself is either frowned upon, or unwittingly appropriated, by a mother whose desperate and yet loving need is to have the infant be that which will give her a sense of completion? How can such an infant escape the threat of having his own individuality, his own actions, thoughts, and feelings, be manipulated and absorbed? How does he survive psychologically as a separate being except through a manoeuvre that lets him do two paradoxical things in one and the same breath: be secure with mother and yet invulnerable to her touch. And it is through compliance—abject and unconscious—that invulnerability and safety can be achieved. The most extreme form of such compliance, described so feelingly by Laing (1960), can be seen in the schizophrenic who

³ See Bychowski (1933) for a discussion and description of just such developmental conditions.

⁴ The analogy to Ibsen's *Peer Gynt* here is astounding, as was this dramatist's intuitive grasp of how such a situation aborts the self and converts the need to love into power drives.

⁵ Bychowski, in his brilliant paper "Aktivität und Realität" published in 1933, pointed out then how differences among infants of the inner flow of amount and intensity of excitement may in itself expose the infant to tremendous threat, and that the very existence of such dammed-up energy may then in the future become for such infants the source of internal signals of danger. More recently, Bettelheim (1967) has made the point that differences in sensitivity and reactivity, in conjunction with the adjustment difficulties this presents for the infant, have a profound meaning for their capacity to become active in their own behalf; and it is this that may lead to the feeling of one's own efforts having no power to influence the world. This in turn then leads to deleterious development of the self (the sense of *I* as distinct from the

ego as depository of the sense of reality). The observations of students of early infant behaviour all point to the importance of early temperamental differences in the developmental process. Shirley (1933), Neilen (1948), Chess, Thomas and Birch (1959), have shown the fundamental continuity during the first few years of life and beyond, of energy, eagerness, and activity levels. The basic persistence of such rhythms has been extensively described by Wolff (1943). Bridger and his co-workers (1962, 1963) have described differences in autonomic responses to stress in the newborn. Denenberg (1964) has not only described differences in chronic arousal level but has also suggested how differences in intensity of infantile stimulation are specifically implicated as major parameters affecting later differences in general arousal level. The complex way in which all the parameters surrounding differences in autonomic response reciprocally affect each other has been exhaustively studied by Bykow (1953) and his school. A succinct description of this work in English was given by London (1954) in reporting on research on sensory interaction.

behaves as "crazily" as he thinks the world expects him to be.

In the course of the analysis of aspects of his transference behaviour our patient said: "You cannot touch me if I am as you wish." He had made a forte out of an unusual perceptiveness in anticipating other people's (and here the analyst's) every wish and thought, so as to be able to please; and in pleasing anticipate the other's wishes so as never to have to declare himself. If he could always perform what the other person expected, then he himself was never invested in his actions and thus could never be touched. At the same time he would feel unconscious contempt for the analyst for having fallen for him, and for himself for never engaging in actions as a reflection of his assertion of his own choice.

This, then, became the corner-stone of all future development—not to strive for authenticity (though it was desired) but to remain invulnerable. All touching—as with mother—meant to join one's own precious self with another's. By keeping this "preciousness"—potential, he remained safe, albeit denuded of all those experiences that would have been a source of a sense of being in his actions, of autonomy, satisfaction, and wholeness. In short, this manoeuvre, in not allowing for genuine reciprocity, resulted in depersonalized (though reality-oriented) activity and relationships.

This, then, was the nature of his identity with his father and mother—it was based solely on what mother felt and not what he felt for himself. It is in this sense that identification can be a defence against authenticity, and unwittingly a barrier to the kind of growth of the self which leads to the open declaration of one's integrity, and to the experience of being in oneself. It is the kind of pseudo-identity that leads to what Laing (1960) has described as a false self. It may well be that people with such tendencies are the ones noted by Greenson (1954) as showing resistance to genuine identification. Bychowski (1933) described people who

never fully develop for themselves an actual self capable of extended activity, and so never abundantly experience the full range of reality (my translation).

This is very close to our patient's experience.

It is in this light that we must understand what it would mean for such a boy to love of his own free will. To have loved father would not only have endangered him, in an operational sense,

with mother. It would, in the deepest sense, have laid him open to the very dissolution of integrity of the self that he had been fighting to maintain although in such a self-injuring way. Since relationships to him—based on his experience with his mother's absorbing needs—*have an all-or-none quality*, he could not let himself love his father. He stated: "To have loved father would have meant to accept the world as he saw it." And this patient's sensitivity made him particularly aware of the world's injustice and its suffering. Love to him meant joining the other person and, therefore, destruction of autonomy; and in order to defend himself he had to empty himself of its display and its very experience.

Bychowski, in the paper previously referred to, discusses narcissistic types who turn down anything new. They may, for example, be disturbed by the beauty of a beloved. They then strive to destroy this psychic burden in order to *get rid of it*, and not because they want to possess it completely. Similarly, he observed how small children will destroy the very toys they treasure most, only then to hang on to the destroyed object with special attachment. This indicates to us that the fear is of the wholeness of what is loved, and that it is linked to the pervasive—and primitive—all-or-none quality of experiencing described in the patient we are considering. In the same paper, Bychowski gives the example of a woman patient who experienced vehement rage when someone behaved as if experiencing her seriously and "for real". We see here the horror of becoming someone else's object just through the act of letting one's self be recognized. Depersonalization may then be the only way of warding off any contact.

A poignant illustration of the extreme to which this process may go was given by a schizoid woman patient who explained to me that she could now see that all her life she had tried to be completely empty—except for some peanut shells in her pocket—so that in case someone held her up (that is, make a demand on her), "I could turn my pockets inside out and say: 'you see I have nothing worthwhile taking!'" This same patient illustrated our point about identification. She reported a dream at the onset of a session: "I am in a store. There is a saleslady, me and a lesser known comedian. They suggest different hats I should buy. I say 'no' to her and 'yes' to his suggestion." When the analyst said that it seemed she was still insisting on keeping herself isolated by making her choices

be a question of carrying out someone else's wishes rather than her own, she smiled disdainfully and went on to something else. At the very end of the session, on walking out, this patient turned and said: "You know there was something else to the beginning of the dream which I did not tell you. I went to the store because I wanted to buy make-up—a mask you know—and I told that to the saleslady, but she said no, buy this hat."

So here we have this patient's most intimate and desperate view of the world, as well as her refusal to try another. For her it is as if the alternatives are to wear a mask or to submit—through a special private and contemptuous play—to a role imposed by mother or father. In being what others want, or in presenting a mask, she is never committed, is never touched, and no one can make a demand on the inner—albeit empty—core whose separateness she so protects. Identification is used as a defence, designed to placate and to remain invulnerable.⁵

With another woman patient, closeness and intimacy always had two impossible outcomes: either absorption by the other, or, grandiosely, her absorbing everyone else. Her mother had been a warm, earthy, but primitive woman who often expressed her love in terms of "I'll eat you up". This phrase became frightening in the context of the break-up of the symbiotic bond between her and her mother. As the daughter—an unusually sensitive, bright and exploring child—grew, her unusual endowments strained her mother's limitations to the utmost. The mother's resources and capacities (intellectual and emotional) were not adequate to the child's reactivity and grasp. Thus the daughter became, from being a source of deep pleasure, a source of a sense of being drained. To love her mother under these conditions meant for this child to absorb this indictment of herself. Therefore, to maintain separateness, all that which she loved in her mother—her charm, femininity, gayness, beauty—had to be rejected. Her response in an analytic session to being told that she (the patient) was a good woman, was depression and anger. "When you said that I had a fantasy of running to mother's lap—like a little girl—but then where was she?—she was not like that, and I hated you." So all at once we came to terms

with the acknowledgement of her mother's lacks, that she, the daughter, was too much for her mother and, therefore, could not really run to her, and that acknowledging all this was resented. And with the destruction of the fantasy of her ideal mother came guilt, for in admitting her love for her mother she accepted her mother's sense of drain as her own indictment. (In thus admitting the introject, the work of "struggling" against it could first begin.)

The burden in human development is that one might wish to love, and that loving could precipitate for some the loss of a self that is already tenuous because it is still developing and only potentially possible. And for those who fear love, because for them it requires wholeness of commitment, but who have not given up the claim to autonomy, identification with the positive in parents may be difficult. Our male patient tells us: "To have felt that dad and I had this penis in common, to have felt pride in such joint manliness, would have meant that (as stated earlier) I would have to see the world as he did. I early felt without being able to name it, its hypocrisy, its phoniness." So here the boy's own sensitivity—to which he did not feel he had a right—stood in the way of a positive identification and the very development of a phallic phase with its emphasis on common manly pride. His father's good points and wishes had to be actively rejected for the sake of autonomy and separateness. His very admiration and love of his father were turned into the opposite for the sake of maintaining independence. In the light of such metamorphoses we can understand Searles's (1965) emphasis on the insidiousness of love.

In experiencing himself with his father from the vantage point of the mother's self, a genuine oedipal conflict was not encountered since he never experienced himself with him as a function of what he (the boy) did.⁶ It was only after working out his earliest fears and rages regarding his mother that he could be helped to dare engage the world on his own. And it was only then that he experienced with the analyst genuine oedipal fears and resentments. It was only then too, that the patient could exclaim: "Oh, if he (father) wasn't weak but strong, then I can be too."

⁵ The quality of Deutsch's (1942) "as if" character would seem to fit here. It is interesting that Balint (1967) writing about her training programme for general practitioners says: "Compliance (on the part of the trainees) can be described as rebellion gone underground and is deliberately resorted to when the doctor wishes to

hide his real identity in order not to lose it" (p. 58).

⁶ This is taken up more fully in Gruen (1968). Bychowski (1947) emphasizes the necessity for establishing the synthetic function of the ego before analysing the Oedipus complex.

The extent to which the process of the development of self must involve a period of trial, despair, uncertainty, and fear, to that extent identification on the basis of committed love must entail its dangers. It would seem that only after discovering that one can be separate and yet not apart, lonely but not isolated, and *then* that no one can take away that which through loneliness and separateness you have discovered to be your own, that one first becomes free to love without fear.

The paradox here is, that through the very *prevention* of the formation of a self rooted in the positive experience of genuine choices and actions as mediated through identification, the striving for independence is maintained. It is the tragedy and yet the hope that the denuding oneself of anything of value maintains the possibility of some day having a self of one's own making. Of course, the defensive structures developed may so impoverish the individual's development as to make this possibility difficult to reach. Yet, this kind of development, despite the resulting pathology, carries within it the germ and the hope for a genuine selfhood.

This ontology must be contrasted with the kind of self-development that looks socially acceptable, is not experienced as depersonalized, and yet represents a true submission to parents and a profound giving up of the striving for autonomy.

If, in the course of early development, children are, for example, pushed to do things for the sake of "independence", and if they accept this, then genuine autonomy is killed. As Bettelheim (1967) puts it, autonomy

... grows best out of the conviction: it's important to me to do this, and that's why I'm doing it, not because I'm told I should (or must), and not because (even worse) I must consider important what others want me to consider important (p. 48).

If for example, control of the child's elimination is required by the parents before he has developed mastery over his emotions then autonomy over his body and in the external world are interfered with. The sense of autonomy is, of course, furthered through gaining control over the functions of the body, but this development must occur in the context of a meaningful and positive relationship. In the absence of this, as it easily occurs when the parents accept "independence" as a goal to be imposed on the child without reference to his needs, mastery

of the body's functions may constitute nothing more than submission of the body's demands to rigid control by the mind. And if the child accepts such control without being able to engage in some dissociation along lines of "it's they who want it, I'm just their puppet", the potential for autonomy is given up. Paraphrasing Bettelheim, the child has traded submission to a crippling compulsion for submission to the parent wherein the former then becomes its own source of anxiety. Of course the child who "uses" compliance as a way of remaining invulnerable never achieves a feeling of (pseudo-) independence. Control over his elimination is not endowed with any sense of pride, because the compulsion has never been completely substituted for the parent. There always remains the feeling (even if unconscious) that he is manipulated by mother or father (or their surrogates) and that it is not really he himself that is doing the act. The child who accepts the compulsion as his own and feels as if he is independent has only submitted. As Federn (1952) put it:

... good social and occupational behaviour is no proof of ego integration. ... It is frequently based on transference and regression to an obedient and secretly enraged child's state (p. 149).

Such a child will suffer from anxiety when faced with demands for satisfaction and discharge of its humane yearnings. While many of our patients want love they fear it because of the danger to their separateness. These individuals, however, cannot tolerate their yearnings for love, since its very appearance endangers their original submission. They must, therefore, compulsively deplete themselves of all that is humane. On the surface such people look good. They seem not to be rejecting of their parents, their identifications seem complete, they do not appear to suffer from the quality of experiencing we have referred to as "not being in one's body and one's acts". Their identifications, however, though giving them an apparent feeling of independence, do not lead to the development of an authentic self, but only to a defence of the status quo.

Thus, in one instance, we get a self-structure approaching depersonalization and the tenuousness of an "as if" existence, while in the other the self, though not authentic ever, leads to a feeling of self-validation. In the first, we have the situation of a lack of genuine identification, but with the quest for genuine authenticity; in

the latter, identification appears solid, but becomes an end process, rather than a stepping stone to the development of one's own possibilities.

In what ways are the developing complexities for humans different so as to lead to such different modes of identification? A patient once told me how at a high level conference of his powerful corporation he delivered a considered opinion. Not only was it disregarded by the chairman of the Board, a former Navy admiral, but he was viciously and contemptuously berated by this man. On the next day, the patient had planned for some time to buy himself an army jacket for hunting purposes. When he entered the sporting goods store he saw a navy jacket and immediately bought it. It was not until he recounted this story in the session that he recognized his unconscious self-betrayal. He had joined this powerful (mother) person who had made such demands on him.

Perhaps this vignette is suggestive. Perhaps there are differences among parents in the kinds of rewards they offer, and differences in their children in the way they relate (in terms of their temperamental needs) to the rewards for submission. If the rewards—such as the promise, in some direct or indirect way, of power (and independence in such contexts is equated with power) rather than love—are acceptable then autonomy will be betrayed rather than be suspended. If strength is offered exclusively through identification with parental qualities or with what the parent desires, then the child gives up his own possibilities of finding and someday developing his own authentic strengths. Such a submission must be done at the cost of giving up the hope of genuine love; for as long as that hope exists for the child, he will not have to choose power and (pseudo-) independence as ways of achieving safety—the safety originally promised by his first love experience with the mother. And perhaps such children have never experienced unbounded mother-love, for it is precisely our dissociated, and schizoid and schizophrenic patients, who in their fixation on the unobtainable fantasy of a gloriously loving mother tell us that they, at least, once experienced such a love.⁷ And having once experienced it they will not give up looking for it. But if love

is given up, then the rage against the ungiving (though perhaps ambitious for her offspring) mother will lead to the destruction of all that which is life-giving and creative. Such people, as they grow up, cannot recognize and appreciate what Erikson (1964) has described as the capacity to take pains, to understand and alleviate suffering, and the ability to stand, as well as understand, pain as a meaningful aspect of human experience in general and of the feminine role in particular. Humaneness, for such people, is a source of tremendous anxiety, both because it is what they have betrayed in themselves, and because their particular type of superego—being representative of a parent destructive to an authentic life—is aroused and threatened by any display of what in them too once were autonomous impulses.

With contempt for such feminine and sensitive assets, an individual cannot live receptively and thus creatively. Erikson, in *Young Man Luther*, speaking of a "man's man" put this beautifully,

... he cannot remember and will not acknowledge that long before he had developed those wilful modes which were specifically suppressed and paradoxically aggravated by a challenging father, a mother had taught him to touch the world with his searching mouth and his probing senses (p. 208).

In a family where the mother's own will-to-power is thwarted⁸—partially as a direct function of subjugation, and partially also as an unconscious acceptance of man's view of his superiority, thus denying the power of her creative love—such a mother may seek power as a surrogate through a male child. And here we may then get that juxtaposition of factors leading to the creation of a driven and gifted but monstrous personality. Monstrous because, in betraying the very possibility of developing an authentic self, they need to attempt *through changing others* to keep the world in a condition that will not serve to remind them of their own horrible and unacceptable pain.

We are thus led to consider that the very capacity which makes life worthwhile and creative—the capacity to give and to experience love—may in some be experienced as a threat to self-development. On the one hand it is needed for

⁷ Sullivan (1953) writes about how one positive experience may give rise to the conviction that if one could only do the right thing again it would reproduce the desirable experience. Hertzman (personal communication) has suggested that if a positive experience is not

followed by continued feed-back, then the inner fantasies take over and lead to fixation.

⁸ Sampson (1966) presents a thorough and profound psychological analysis of the role of sexual inequality in the denial of man's capacity to be a moral being.

man's initial survival. On the other it may—because fullhearted and committed identification is part of the process of development leading to one's own authenticity—become a threat to the child's beginning sense of separateness and individuality. Disturbances in identification may then follow. This can be especially so when differences in capacities and temperament between mother and child will be perceived by the child as denial of its own budding self. As a result, depersonalization and the shrinking of one's potentials may occur, as a mistaken, but nevertheless direct, expression of the individual's will to secure his authenticity, and his hope of attaining love (no matter how infantile the form of this may be).

On the one hand, we have those who long ago in their history gave up the wish for love and replaced it with the need for power. Here, the attempt is to find strength exclusively through identification with authority. The result is the consequent abortion of one's own authenticity. Identification in such a development becomes the end result, no self-realization is attempted. Here, identification does not serve as the stepping

stone toward the realization of one's own individuality.

On the other hand, those who have not given up the possibility of love, those seeking, in the words of E. and W. Menaker (1965), the ability to love with a "full awareness of the individuality of the other person", and seeking "... to be loved this way in return" (p. 107), may first have to pay a price commensurate with this capacity. Such individuals, in seeking true individuality may create for themselves difficulties in living. Keniston (1960) found the "alienated" often to be those who find it difficult to realize humaneness under our cultural conditions that reward conformity, lack of emotional intensity, and technological excellence. As analysts we must keep in mind that the people best equipped to live in such a culture will be precisely those with the most blunted sensibilities. If these come to us at all it is simply to learn how to operate more efficiently. But those who come to us because they hurt, are trying to realize for themselves the individuality, the vitality, and the love of life, that the others with repressive vengeance have abandoned.

REFERENCES

- BALINT, E. (1967). "Training as an impetus to ego development." *Psychoanal. Forum*, 2.
- BETTELHEIM, B. (1967). *The Empty Fortress*. (New York: Free Press.)
- BRIDGER, W. (1962). "Sensory discrimination and autonomic function in the newborn." *J. Child Psychiat.*, 1.
- and BIRNS, B. (1963). "Neonates' behavioral and autonomic responses to stress during soothing." *Rec. Adv. Biol. Psychiat.*, 5.
- BYCHOWSKI, G. (1933). "Aktivität und Realität." *Int. Z. Psychoanal.*, 15. (Translation by A. Gruen in press, *Psychoanal. Rev.*)
- (1947). "The preschizophrenic ego." *Psychoanal. Quart.*, 16.
- (1956a). "The ego and the introjects." *Psychoanal. Quart.*, 25.
- (1956b). "General aspects and implications of introjection." *Psychoanal. Quart.*, 25.
- (1956c). "The release of internal images." *Int. J. Psychoanal.*, 37.
- (1958). "The struggle against the introjects." *Int. J. Psychoanal.*, 39.
- BYKOW, K. (1953). *Grosshirnrinde und Innere Organe*. (Berlin: Veb Verlag.)
- CHESSE, S., THOMAS, A. and BIRCH, H. (1959). "Characteristics of the individual child's behavioral response to the environment." *Amer. J. Orthopsychiat.*, 29.
- DENENBERG, V. (1964). "Critical periods, stimulus input, and emotional reactivity: A theory of infantile stimulation." *Psychol. Rev.*, 71.
- DEUTSCH, H. (1942). "Some forms of emotional disturbance and their relationship to schizophrenia." *Psychoanal. Quart.*, 11.
- ERIKSON, E. (1958). *Young Man Luther*. (New York: Norton.)
- (1964). "Inner and outer space: reflections on womanhood." In: *The Woman in America* (ed. R. Lifton). (Boston: Houghton Mifflin.)
- FEDERN, P. (1952). *Ego Psychology and the Psychoses*. (New York: Basic Books.)
- FREUD, A. (1936). *The Ego and the Mechanisms of Defense*. (London: Hogarth, 1937; New York: Int. Univ. Press, 1946.)
- FREUD, S. (1924). "Neurosis and psychosis." *S.E.* 19. (New York: Basic Books, 1959.)
- (1925). "Negation." *S.E.*, 19.
- (1927). "Fetishism." *S.E.*, 21.
- (1940). *An Outline of Psychoanalysis*. *S.E.*, 23.
- GREENSON, R. (1954). "The struggle against identification." *J. Amer. Psychoanal. Assoc.*, 2.
- GRUEN, A. (1968). "Some variations in the meaning of the oedipal experience as a function of the nature of the development of the self." *Psychoanal. Rev.* (In press).

- KENISTON, K. (1960). *The Uncommitted, Alienated Youth in American Society*. (New York: Dell.)
- KLEIN, M. (1932). *The Psychoanalysis of Children*. (New York: Grove Press, 1960.)
- LAING, R. (1960). *The Divided Self*. (London: Tavistock.)
- LONDON, I. (1954). "Research on sensory interaction in the Soviet Union." *Psychol. Bull.*, **51**.
- MENAKER, E. and MENAKER, W. (1965). *Ego In Evolution*. (New York: Grove Press.)
- NEILEN, P. (1948). "Shirley's babies after fifteen years." *J. Gen. Psychol.*, **73**.
- SAMPSON, R. (1966). *The Psychology of Power*. (New York: Pantheon.)
- SEARLES, H. (1965). *Collected Papers on Schizophrenia and Related Subjects*. (New York: Int. Univ. Press.)
- SHIRLEY, M. (1933). *The First Two Years: A Study of Twenty-five Babies*. (Minneapolis: Univ. of Minnesota Press.)
- SULLIVAN, H. (1953). *The Interpersonal Theory of Psychiatry*. (New York: Norton.)
- WOLFF, W. (1943). *The Expression of Personality*. (New York: Harper.)

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PSYCHOANALYTIC THEORY: PATHS OF CHANGE¹

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In recent decades there have been few pastimes in academic psychology more popular than deciding what to do about psychoanalytic theory. Many years ago most members of the academy disposed of the problem by means of that most primitive of mechanisms—denial. With growing maturity a number of psychologists used the mechanism of isolation, accepting certain important concepts or ideas from the theory but effectively denying the surrounding intellectual and affective context, so they had little or no awareness of the origin of these ideas. Still others have utilized subsumesmanship, or the “nothing but” mechanism, pointing out that whatever is of merit in the theory is derivable from other more sanitary origins, or can be accounted for by more rigorous concepts. Most recently we have witnessed “identification with the aggressor” illustrated by apparently well-bred and rational psychologists swallowing the dogma whole and, in some cases, even going so far as to pronounce it nourishing.

In general, however, psychoanalytic theory has remained an obstinate foreign body in the craw of psychology which has responded neither to efforts to dissolve and metabolize, to regurgitate, or to excrete it. I am not about to propose an intellectual emetic or purgative but I do plan to examine some of the strategies that have been used in the effort to make psychoanalytic theory more digestible for psychologists.

What I am about to say accepts the enormous influence of psychoanalytic theory upon the contemporary social science scene and assumes, moreover, that it is possibly a theory of considerable predictive power for the personality investigator, clinician, or even general psychologist. The broad influence of psychoanalytic thought upon the Western world is too obvious to need emphasis, and, while the assumption in regard to predictive utility of the theory may be open to question, it seems a reasonable working premise and one with which many behavioural

scientists today appear quite comfortable. Indeed, I would suggest that while one might conceivably question the *systematic* influence of psychoanalysis upon psychological research, no informed person would care to deny its indirect or *heuristic* impact upon research in our field.

Given this vast influence and frequent personal convictions concerning the potential predictive capacity of psychoanalytic theory, it is only natural that we should expect to find a considerable array of well contrived, carefully executed and relevant investigations. What we actually observe is quite the contrary! As I have maintained elsewhere (Lindzey, 1958), there is only a tiny quantity of research existing today that is directly relevant to the theory and is considered of reasonable merit by trained investigator and clinician alike. True, there is a considerable bulk of “psychoanalytic research” but it consists largely of delimited, semi-experimental studies that are frequently so remote from the operations implied by psychoanalytic theory as to strain the credulity of the most sympathetic reader (Sears, 1943; Hilgard, 1952). Or else the research consists of clinical reports or observational accounts that are faithful to the theory and its implied method, but are accompanied by so many empirical flaws as to provide evidence only for the devotee.

What has led to such a state of affairs? Even a casual scrutiny suggests a number of important determinants: (i) the mutual reluctance of most well-trained investigators and clinicians to work outside of their customary areas of expertness; (ii) the methodological shortcomings, formal inadequacies or structural deficiencies of psychoanalytic theory itself; (iii) the conviction of many observers that studies relevant to psychoanalytic theory must necessarily focus upon the psychoanalytic or, at least, psychotherapeutic treatment process; (iv) the importance of genetic or historical propositions within psychoanalysis; (v) the heavy emphasis within the theory upon

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covert, latent, or unconscious processes; (vi) a primary theoretical concern with variables and events that are singularly difficult to study experimentally or even to observe under reasonably well-controlled conditions; (vii) largely because of the preceding factors, we find an absence of adequate techniques or methods for measuring variables pertinent to psychoanalytic theory. A great deal could be said concerning each of these barriers, but for the present I shall limit myself to the problems posed by the formal shortcomings and substantive deficiencies of the theory.

Formal problems within psychoanalytic theory are many and manifest. The investigator who wishes to use psychoanalytic theory as a proposition mill to grind out empirical predictions is destined not only to encounter little encouragement from his peers and a maximum of frustration from the slippery world of reality, but also to find little solace in the theory itself. The absence of a clear and explicit axiomatic base, the scarcity of adequate empirical definitions, the ever abundant surplus meaning, the metaphorical excursions, and the almost non-existent syntax—all of these could be explored at length. Their presence, however, is undeniable. Almost no one would deny that the theory at present is in a very crude state of development and looks scarcely at all like any theory we would hope to possess eventually. Indeed Nagel, distinguished philosopher of science, was recently moved to characterize psychoanalytic theory in the following terms:

... the theory is stated in language so vague and metaphorical that almost anything appears to be compatible with it. . . . In short, Freudian formulations seem to me to have so much "open texture", to be so loose in statement, that while they are unquestionably suggestive, it is well-nigh impossible to decide whether what is thus suggested is genuinely implied by the theory or whether it is related to the latter only by the circumstance that someone happens to associate one with the other. (Nagel, 1959, pp. 41-42.)

Given the pervasive impact of psychoanalytic theory upon diverse research and formulation, it might be reasoned that it is a powerful tribute to the theory that even in its present crude form, it has managed to exercise so profound an influence. I know that in many quarters it is fashionable to assume that the reason the theory has been so influential is because of the very deficiencies we are discussing—its conceptual

elasticity and capacity to fit with the most diverse empirical findings. Even overlooking the technical arguments that can be raised against such an accusation, I am inclined to question this assertion because it asks that I consider a large number of our most distinguished behavioural scientists—Murray, Hilgard, Parsons, Kluckhohn, Klein, Miller, and many others—as potentially fools or knaves. Either they appear as fools for having derived nutriment from psychoanalytic theory without realizing that the theory is merely a clever and empty verbal facade capable only of after-the-fact rationalization; or else they resemble knaves who, aware of these deficiencies, still use the theory, believing that others will not identify its shortcomings and that consequently their work may be given an artificial increment of significance or profundity.

One might argue against any detailed concern with the explication of psychoanalytic theory on the grounds that the key to Freud's tremendous theoretical impact has been a small number of persistent attitudes in regard to major determinants of behaviour coupled with an italicizing of certain problem areas or domains of research. Successfully transforming these generalized sentiments into formal, logical or precise statements, while eliminating surplus meaning, might also lessen the capacity of the theory to generate belief and disbelief, to stir passions, to awaken interests, to point to elusive but significant events. This could have the effect of sterilizing the theory, so that while it gained little or nothing in systematic impact, it might lose its heuristic power. If so, this would scarcely be much of a loss! The heuristic impact of the theory has been so great that by now the broad or leading features of psychoanalytic theory have been incorporated within psychology in a variety of different contexts and there is little or no danger of their vanishing untested. On the other hand, if the theory contains nothing more than this—if when made explicit it proves to be incapable of systematically generating research that is largely confirmatory—it would be a considerable service to psychology as a whole to make clear that the task of generating a systematic theory must commence from another site.

What I have just said implies the importance of clarifying or formalizing psychoanalytic theory and it also assumes the obvious, that there are undoubtedly substantive changes in the theory that eventually will have to be made. The next question then becomes how are these changes to be introduced and justified? There

are many paths that have been followed in the interest of modifying and improving psychoanalytic theory and I shall identify some of these with occasional illustration and evaluation.

First, is what might be called a *full-fledged methodological assault* or a systematic tour de force carried out upon psychoanalytic theory. There are some who feel that a careful, sophisticated, and prolonged logical analysis of the theory would offer much to the theory and its proponents. There is no good example of such an analysis that has been executed although Ellis's (1956) chapter in the Feigl and Scriven volume represents a weak illustration of this approach. Moreover, an interest in this tack must have played some role in the decision on several occasions to bring together in conferences (Hook, 1959) and symposia (Frenkel-Brunswick, 1954) philosophers of science and individuals knowledgeable in psychoanalytic theory.

This avenue assumes that if there is merit to the theory, it must be possible to extract explicitly that which is worthwhile and eliminate the ambiguity and contradiction that currently inhere in the theory. Implicitly it assumes that formalization of theory is desirable and possible at all stages in theory development. Some would question this assumption and in the absence of any representative example of such an analysis, it is difficult to conclude just what its merit may be. I can only report that the likelihood of a fruitful outcome from such a venture seems personally less evident to me now than it did some years ago. Certainly the confrontation of psychoanalysts and philosophers reported in the volume edited by Hook (1959) provides little basis for optimism concerning the outcome of methodological analyses of psychoanalysis. This is not meant to imply that the volume is worthless, indeed Lazerowitz's (1959) application of psychoanalytic reasoning to certain traditional areas of philosophical analysis and Williams's (1959) acidulous rejoinder constitute as entertaining a pair of essays as one is likely to encounter. Still, for psychoanalyst or philosopher, it would be difficult to conceive of this conference as serving any useful function in clarifying or improving the formal status of psychoanalytic theory.

In any case, astute methodologists, such as Koch, Feigl, Meehl and Scriven, at various times have shown interest in this problem, so we may assume with reasonable confidence that if the formal ailments of the theory can be cured by a

careful methodological analysis, such therapy is likely to be administered in our life times.

A second approach involves *translating the theoretical concepts of psychoanalysis into other, presumably more rigorous, theoretical terms*. The most obvious and frequent of such attempts have involved some form of stimulus-response theory (typically Hull-Spence drive reduction theory) as the model into which psychoanalysis is translated, although similar attempts have been made in connection with field theory (Brown, 1936) and "centralist" or Gestalt theory (Misbach, 1948).

Clearly the best and most comprehensive example of such attempts is represented by the efforts of Miller and Dollard (1941; Dollard and Miller, 1950). The virtues and sins of reinforcement theory are too well known to warrant extensive discussion here (cf. Koch, 1954; Hall and Lindzey, 1957). However, it should be clear that the most strongly positive aspects of this theory (its relative precision, formal adequacy and experimental foundations) are lost when it is applied to the phenomena with which psychoanalytic theory is most at home and is believed to predict best. Consequently, much of the aspired-for gain in rigour and formal elegance is guaranteed to be missing from the translation.

In general, it is my belief that the formal advantages of Miller and Dollard's theoretical statement over psychoanalytic theory are more apparent than real. Further, it is clear that such a translation must be partial and incomplete because of questionable fit between the theories, and there seems no prior basis for certainty that just those components that lend themselves to translation will prove to be the useful and effective portions of psychoanalytic theory. Indeed, one may argue that such a mapping operation demands of psychoanalytic theory exactly that degree of formal precision we have already observed to be missing and hope to remedy.

A third possibility concerns *modification of the theory on the basis of the same kind of data that led to the origin of the theory*—uncontrolled or semi-controlled observation subjected to rational analysis. This has certainly been the favourite medium for change among analysts and it is well exemplified by the writings of Horney, Fromm, Rado, Adler, and the other revisionists or neo-Freudians. Here, if you like, we have a group of theorists who are opposing their intellectual power, their capacity for observation, and their analytical reasoning to Freud's

comparable capacities with nothing in the way of instrumental or formal aid. What we know of Freud's intellect and the established impact of his ideas upon the world, in addition to the obvious, important and contaminating role that personal factors are likely to play in such deviating interpretations, makes it difficult to be sanguine concerning important achievements through this approach. Moreover, there is a substantial basis (cf. Lindzey, 1967) for believing that those components of Freud's theory that are most original and seem likely to be most valid (e.g. Oedipus complex, theory of psychosexual development) are also those most often discarded or changed radically by the revisionists. It seems to me that revision of the theory at present can be justified more appropriately by means of results secured within the "context of confirmation" rather than the "context of discovery", and this implies empirical control, experimentation, statistical analysis, and other tools of analytic reasoning.

It is a lamentable fact that the distinction between competent observation and controlled experimentation is seldom appreciated by those working within a psychoanalytic framework. Freud himself never appreciated this difference and the following statement by Arlow (1959) illustrates the persistence of this pervasive astigmatism:

Because of the principles that underlie psychoanalytic technique, those who are acquainted in a practical way with the psychoanalytic method are convinced that it constitutes the closest approach to a controlled experimental situation that has yet been devised to study the total functioning of the human mind. . . . Although the analytic situation corresponds most closely to the experimental laboratory of other sciences, psychoanalytic methodology is hardly comparable to that of chemistry or physics (perhaps with the exclusion of physiological chemistry). . . . The fact is that analysts are always making predictions, which they submit to confirmation or invalidation by the further study of their data (pp. 204-206).

It should be clear that what I have just said does not deny the potential fruitfulness of uncontrolled observation as a data base for future concept or theory formation generally. I am merely suggesting that refining and eliminating the attenuation in psychoanalytic theory can be pursued best through alternative approaches, particularly approaches that offer certain inference advantages over those available to Freud.

A fourth avenue which is well exemplified by

some of the work of Hartmann (1939), Hartmann, Kris, and Loewenstein, (1946, 1949), Kris (1952), Loewenstein, Rapaport (1960) and Gill (1963) is the attempt to *extend and state somewhat more explicitly the implications contained within classical psychoanalytic writing*. Much of the recent writings concerned with ego psychology provide an illustration of such an approach, particularly the attempts to resolve the intertwined issues of ego autonomy and neutralized energy. There seems no doubt that this approach has merit, both because it serves to expand portions of the theory that were underdeveloped during Freud's lifetime and also because it promotes increased explicitness. However, the very nature of the venture is conservative and guarantees that change will be to some extent minimal and predetermined by the 1926 Freudian model. More serious is the fact that these expeditions, for the most part, have been long on words and short on precision. That is, there has not often been much actual increase in explicitness or formal elegance. Moreover, in these writings there has frequently been a somewhat precarious balance between arguing that a particular concept or assumption is important and, at the same time, demonstrating that the apparent innovation is actually immanent in the classical writings of Freud. It is a remarkable tribute to Freud's stature that mature scholars will on occasion abandon the primitive, narcissistic gratification of original contribution in favour of orthodoxy, but this is scarcely a condition that maximizes rationality and the likelihood of beneficial change.

A fifth possibility concerns *the attempt to use, develop, and modify some segment of the theory*, such as repression, defences, dream theory, or psychosexual development. Such an approach is appealing if only because its limited scope makes it more achievable and more readily comprehensible. Madison's (1961) volume on repression and allied defences provides a clear example of this type of approach. Recent research concerned with dreaming (Dement, 1960), cognitive styles (Klein, 1958, 1959) and a variety of defences (Sarnoff, 1962) suggests that there may well be concrete and tangible benefits from such a tactic. Whether these efforts will have much direct effect upon psychoanalytic theory, however, remains to be seen.

The sixth and aesthetically most pleasing alternative is introduction of *change on the basis of clear and relevant empirical findings* that imply specific shortcomings or ambiguities in connec-

tion with identified segments of the theory. This is obviously the medium through which all theoretical change or improvement *should* occur but the very deficiencies in the theory that lead to our present concern make it singularly difficult for one to move rapidly along this route. It is impossible to find a non-trivial and unambiguous example of change in psychoanalytic theory that seems definitely warranted on this basis. Perhaps the closest that one can come to an adequate illustration would be the suggestion that the relative paucity of strongly confirming findings relevant to psychoanalytic theory based upon female subjects suggests that the Freudian model of female development and motivation is less adequate than the model of male behaviour. One might argue convincingly that research on dreams, using both the Kleitmann technique and ordinary methods of dream observation, are virtually certain to produce findings with significant implications for change in the psychoanalytic model. Indeed some such findings are already appearing; for example, it seems clear that Freud's analysis of the role of forgetting in the reporting of dreams is in need of restatement, and further findings concerning "dream deprivation" may well require significant changes in the classical theory of dreams, although one must be very cautious in interpreting or generalizing results based upon these "laboratory dreams".

We have surveyed six potential means of introducing change and, hopefully, greater precision into psychoanalytic theory and its embedded concepts. My discussion has been sharply critical of several of these strategies and broadly supportive of several others. I have expressed unqualified enthusiasm for only one of these paths—that involving well-controlled, relevant and replicated findings—and it is clear that thus far not much progress has been made on this front.

This rather bleak prospect can be relieved somewhat if we focus upon recent efforts to provide acceptable means for assessing, or mapping into reality, important psychoanalytic concepts. To mention only a few of the interesting contributions in this area, there are the pioneer attempts by Murray (1938) to devise

appropriate techniques, the best known of which is, naturally, the Thematic Apperception Test; the careful efforts of Holt (1960, 1962) to provide empirical access to the study of primary process by means of the Rorschach Test; the varied and persistent approaches to the study of cognitive attitudes or style by Klein (1954, 1958); the ingenious devices of Zamansky (1956) and Hess (Hess and Polt, 1960) which offer the potential for measurement of covert motivation; and the sophisticated use by Janis (1958a, 1958b) of both interview and questionnaire data to test derivations from psychoanalytic theory. Given instruments such as these, refined to a point where they assess psychoanalytic concepts with reasonable objectivity, sensitivity and efficiency, one may expect the essential research to proceed at a rapid rate. What we need, of course, are instruments that can be used for something more than demonstration studies—studies where negative findings, in effect, reject the instrument rather than the theoretical prediction. We need validated instruments that lead to studies where negative findings introduce a readiness to say the theory is infirm and that with further failures of confirmation should be amended to conform with what is regularly observed under well-controlled conditions. As Popper (1935) has argued, in order for a theory to qualify properly as an empirical theory, it must not only generate synthetic statements that are confirmable, but also empirical predictions that are "refutable". The major shortcoming of psychoanalytic research is not absence of confirmation, but rather the difficulty of securing agreement among sophisticated proponents of the theory in regard to the precise conditions under which a derivation is to be considered disconfirmed.

While the evolution of relevant instruments has been slow, there is a growing number of techniques that offer valuable aids for the person interested in research in this area. Moreover, there is an increased awareness of the importance of research aimed at producing or refining such instruments, and this attitude or value-change is perhaps the most important step that has yet been made in connection with psychoanalytic research.

REFERENCES

- ARLOW, J. A. (1959). Psychoanalysis as scientific method. In Hook (1959).
- BROWN, J. F. (1936). *Psychology and the Social Order*. (New York: McGraw-Hill.)
- DEMENT, W. (1960). "The effect of dream deprivation." *Science*, 131.
- DOLLARD, J. and MILLER, N. E. (1950). *Personality and Psychotherapy: An Analysis in Terms of*

Learning, Thinking and Culture. (New York: McGraw-Hill.)

ELLIS, A. (1956). "An operational reformulation of some of the basic principles of psycho-analysis. In: *The Foundations of Science and the Concepts of Psychology and Psychoanalysis*, ed. Feigl and Scriven. (Minneapolis: Univ. of Minnesota Press.)

FRENKEL-BRUNSWIK, E. (1954). "Psychoanalysis and the unity of science." *Proc. Amer. Acad. Arts and Sciences*, 80.

GILL, M. (1963). *Topography and Systems in Psychoanalytic Theory.* (New York: Int. Univ. Press, 1963.)

HALL, C. S. and LINDZEY, G. (1957). *Theories of Personality.* (New York: Wiley.)

HARTMANN, H. (1939). *Ego Psychology and the Problem of Adaptation.* (New York: Int. Univ. Press, 1958.)

HARTMANN, H., KRIS, E. and LOEWENSTEIN, R. M. (1946). "Comments on the formation of psychic structure." *Psychoanal. Study Child*, 2.

— (1949). "Notes on the theory of aggression." *Psychoanal. Study Child*, 3-4.

HESS, E. H. and POLT, J. M. (1960). "Pupil size as related to interest value of visual stimuli. *Science*, 132.

HILGARD, E. R. (1952). "Experimental approaches to psychoanalysis. In: *Psychoanalysis as Science*, ed. E. Pumpian-Mindlin. (Stanford, Calif.: Stanford Univ. Press.) 3-45.

HOLT, R. R. and HANEL, J. (1960). "A method for assessing primary and secondary process in the Rorschach." In: *Rorschach Psychology*, ed. Rikers-Ovsiankina. (New York: Wiley.)

HOOK, S. (1959). Editor, *Psychoanalysis, Scientific Method, and Philosophy.* (New York: New York Univ. Press.)

JANIS, I. L. (1958a). *Psychological Stress.* (New York: Wiley.)

— (1958b). "The psychoanalytic interview as an observational method. In: *Assessment of Human Motives*, ed. Lindzey. (New York: Rinehart.)

KLEIN, G. S. (1958). "Cognitive control and motivation." In: *Assessment of Human Motives*, ed. Lindzey. (New York: Rinehart.)

KLEIN, G. S. (1959). "Consciousness in psychoanalytic theory: some implications for current research in perception." *J. Amer. Psychoanal. Assoc.*, 7.

— (1954). "Need and regulation." In: *Nebraska Symposium on Motivation*, ed. Jones. (Lincoln: Univ. of Nebraska Press.)

KOCH, S. and HULL, C. L. (1954). In: *Modern Learning Theory* by Estes et al. (New York: Appleton-Century-Crofts.)

KRIS, E. (1952). *Psychoanalytic Explorations in Art.* (New York: Int. Univ. Press.)

LAZEROWITZ, M. (1959). "The relevance of psychoanalysis to philosophy." In Hook (1959).

LINDZEY, G. (1958). "The assessment of human motives." In: *Assessment of Human Motives*, ed. Lindzey. (New York: Rinehart.)

LINDZEY, G. (1967). "Some remarks concerning incest, the incest taboo, and psychoanalytic theory." *American Psychologist*, 22.

MADISON, P. (1961). *Freud's Concept of Repression and Defence: Its Theoretical and Observational Language.* (Minneapolis: Univ. of Minnesota Press.)

MILLER, N. E. and DOLLARD, J. (1941). *Social Learning and Imitation.* (New Haven: Yale Univ. Press.)

MISBACH, L. (1948). "Psychoanalysis and theories of learning." *Psychol. Rev.*, 55.

MURRAY, H. A. (1938). *Explorations in Personality.* (New York: Oxford.)

NAGEL, E. (1959). "Methodological issues in psychoanalytic theory." In Hook (1959).

POPPER, K. R. (1935). *The Logic of Scientific Discovery.* (New York: Basic Books, 1959.)

RAPAPORT, D. (1960). *The Structure of Psychoanalytic Theory.* (New York: Int. Univ. Press.)

SARNOFF, I. (1962). *Personality Dynamics and Development.* (New York: Wiley.)

SEARS, R. R. (1943). "Survey of objective studies of psychoanalytic concepts. (New York: Soc. Sci. Res. Council Bull. No. 51.)

WILLIAMS, D. C. (1959). "Philosophy and psychoanalysis." In Hook (1959).

ZAMANSKY, H. S. (1956). "A technique for assessing homosexual tendencies." *J. Personality*, 24.

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THE MECHANISM OF PROJECTION: ITS DUAL ROLE IN OBJECT RELATIONS¹

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Projection, in its most archaic form, seeks to externalize and to set up a stimulus barrier to unpleasurable inner excitation (Freud, 1920), and to create distance from painful stimuli or from an object world which in the first instance is differentiated from the self when frustration invades the narcissistic or purified pleasure ego (Freud, 1915b). This "primordial projection" (Ferenczi, 1909) attributes malevolence to the outer world, aims at the destruction of objects, and antedates object love (Freud, 1915a). The archaic nature of such a defence accounts for the fact that it is used extensively only where boundaries between ego and non-ego are blurred by narcissistic regression with impairment of reality-testing (Fenichel, 1945, p. 147). Though Abraham (1924) relates the earliest projections to anal and urinary eliminative processes (see also Ophuijsen (1920) and Stårcke (1920) on faeces as persecutor), Spitz (1961, p. 640) traces the prototype of projection or oral ejection.

As object love evolves, following incorporation of objects into the ego, there is a change in the nature and even in the aim of projection. A certain ego quality is retained even when the object is projected; and the body or body parts are frequently represented in the projected object (Tausk, 1933). Further, the projection of the superego, which is in a sense half ego and half outer world, is particularly notable in paranoia (e.g. in ideas of reference and to being influenced) (Fenichel 1945, p. 428).

We may consider projection then as operating on a continuum, essentially as a consequence of the influence of ambivalence. On the one hand it seeks to effect a split from the object, while on the other, it seeks to preserve a tie with the object. Indeed, the functions of the superego are most evident when narcissistic regression impels toward object annihilation and in reaction

evokes the urge to regain the object world (Freud, 1911; Fenichel, 1945, p. 428).

It may be timely to review the subject and re-emphasize the dualistic or conflictful aspects of the process of projection, particularly in view of the numerous contributions which have appeared since Klein (1946) introduced the term "projective identification". Generally, the emphasis in most writings has been on the aspect of projection which seeks to preserve the tie with the object, and it seems necessary to make explicit the fact that a dual process is involved.

Usages of "Projection"

Freud (1895) first referred to projection, in a letter to Fliess, as a method of dealing with "internal changes" (wishes, impulses, frustrations) which are unacceptable and get attributed to external causes. This process is normal as long as there is consciousness of the internal cause (Freud, 1895). In paranoia, projection involves the repression of some self reproach, utilizing defensive distrust of other people (Freud, 1896, p. 184), which may proceed to projection of the reproach on to others. Delusion formation follows, as reality becomes distorted (Freud, 1895; and Freud, 1905a, p. 35).

The repression of the subjective tendency, which characterizes the defensive process in paranoia, would seem to place emphasis on the splitting mechanism in that the distinction between self and non-self is being advanced. However, the factor of ambivalence serves to modify this tendency, and accounts for the duality in projection. Thus, in the projection connected with jealousy, the strong tie with the partner is retained even while the externalization of the infantile tendencies is being effected (Freud, 1922, p. 224).

Freud (1922, p. 227) points out the similarity that exists between delusional jealousy and

¹ This is a revised and extended version of a paper originally entitled "On Projective Identification," presented at the Annual Meeting of the American

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persecutory feelings in paranoia, indicating that the reversal of the affect of love in these conditions is based on ambivalence and serves as a defence against homosexuality. A more detailed discussion of this aspect of projection is provided in the Schreber analysis (Freud, 1911). Here the emphasis is on the significance of projection in its function of preserving or restoring object ties, in the face of regressive splitting involving threatened loss of object cathexes. The meaning of homosexuality as a defence, and its purpose in avoiding the annihilation of the object, can be inferred. Further, the dual character of projection represented in the relationship between paranoia and homosexuality is based on the tendency of defence to utilize those solutions which also contain some gratification of drive (Waelder, 1936, p. 55-57; Schafer, 1968, p. 55-57).

The projection in phobias may also seem to advance the purpose of object splitting, inasmuch as it seeks the advantage of fleeing from an external danger to avoid the inner instinctual danger (Freud, 1913, p. 61ff; Freud, 1915, p. 184; Freud, 1926, p. 126). Here too, however, as in paranoia, it seems likely that cathexis with negative valence may be replacing the annihilating tendency which threatens the object tie more decisively. (The phobic situation or object, even with its danger, is still being clung to; whereas the destroyed love object or the retaliatory castration is experienced as total loss).

The defensive purpose of externalizing or projecting what cannot be dealt with instinctually, also accounts for the phenomenon of dreaming (Freud, 1917a, p. 223). To carry this point further, the broadest meaning of projection is suggested by Rapaport (1952, p. 198) as the structuring of the world in subjective terms according to an organizing principle inherent in the individual personality which seeks to diminish internal stress. This viewpoint would serve to integrate the diverse usages of the term "projection" considered by Rapaport (1944, pp. 193, 206, 213 ff.):

- (a) the infantile prototype, of externalizing whatever is painful;
- (b) the transference process of projecting to a current figure those attitudes previously held toward a significant person;
- (c) the paranoid or defensive projection of one's own impulses;
- (d) the structuring of the subjective world as elicited in "projective testing" technique.

The range of functions with which projection is concerned is thus indicated, and with this the necessary simultaneous integration and splitting of various aspects of ego and object may be recognized. A consideration of the process of identification is particularly relevant in this regard.

Role of Projection in Identification

Our current view holds that the process of identification utilizes the mechanisms of introjection and projection in a reciprocal fashion. It is interesting to trace the development of the concept of identification in psychoanalytic writings from the point of view of the shift from a predominant emphasis on introjection, to the development of broader recognition of the role of projection, and to the formulation of the concept of projective identification.

In Freud's writings the introjective basis for identification is emphasized in some places, the projective in others. The incorporative aspect of identification is indicated in descriptions of the pregenital organization with the role of oral cannibalistic incorporation of the object as the prototype of identification (Freud, 1905b). In providing a basis for the understanding of object splitting, Freud (1915a) suggests that incorporation into the self of objects which are a source of pleasurable feeling alternates with the projection of objects which are a source of painful feeling. In dealing with the question of object loss, the concept of a withdrawal of libido from the object and establishment of an identification with the abandoned object (Freud, 1917b) emphasizes the role of introjection; as does the view that the character of the ego is determined by past object choices (Freud, 1923). On the other hand, the role of projection is acknowledged in the discussion of object choice as developing from a preliminary stage of identification, with projection of the self to the object in narcissistic object choice (Freud, 1914), or with overflow of narcissistic libido on to the object (Freud, 1921). Actually, in his earliest discussions of identification, Freud (1900, p. 320) describes a projective mechanism whereby the interchanging of persons in dreams serves to fulfil unconscious wishes by vicarious means.² The concealing of the self behind other persons in the dream represents projection of the dreamer, not only in order to disown a wish, but in fact to gratify the wish by a "community" with the person who portrays it.

² A. Freud (1936, p. 137) cites a clinical illustration of this mechanism.

Here then the dual role of projection in dealing with drives is being described: the splitting off, and yet the preservation of the tie.

The dual basis for identification is implied in the view that in the primitive oral phase, object cathexis and identification are indistinguishable (Freud, 1923).

The tendency to equate or fuse self and object world is primitively instilled in the psychic apparatus, arising from the early dependence on the mother for the satisfaction of instinctual needs and based on introjective and projective mechanisms (Jacobson, 1954). Although characteristic of psychotic identifications, normal processes utilize these mechanisms to a greater or lesser degree, as exemplified in phenomena such as empathy (Jacobson, 1954), animism (Freud, 1913, p. 75 ff.; Ferenczi, 1913), and reactions to nature (Sachs, 1912).

The contribution of introjective and projective mechanisms to ego and superego formation is significant. Abraham (1911) provides a psychodynamic basis for the understanding of depression when he describes the repression and projection of hateful feelings outwardly, with subsequent turning against the self. Also relevant is his discussion (Abraham 1924) of the reaction to disappointment by a love object as resulting in an effort to expel and destroy it, with the introjecting and devouring tendency as a specific form of narcissistic identification.

Although repression via superego formation represents an essentially introjective defence, the seeking of an external object to confirm the forgiving superego corresponds to the magically re-created image in the ego which attempts to compensate for object-annihilating tendencies (Weiss, 1932). Alternatively, the "projection of the superego" (Fenichel, 1926) may be an expression of alienation, reflecting again the dual character of projection in identification.

Some attempts have been made to limit the meaning of projection to a mode of dealing with unacceptable drives (Fuchs, 1937). Knight (1940) points out that projection is an ego process for dealing with id tendencies, which alters the perceived character of the external object;³ whereas introjection involves a previous projection on to the object of the subject's own unconscious tendency, and is an id process which alters the ego of the subject.

The broader usage of projection already mentioned in Rapaport's discussions may also be noted in the views of Schilder (1935), who sees a continual interchange between body and world without rigorous borders, with projection of the body into the world and introjection of the world into the body, so that the one is not perceived as different from the other. However, Schilder (1930) insists that perception does not come about by projection, contrary to the view that every outward perception is the result of a projection (indicating that there may be only a quantitative difference between delusion and perception (Jelgersma, 1926)). The latter view is reminiscent of British empirical philosophy and Berkeley's "*esse est percipi*". Indeed, the implications of solipsism are inherent in such phenomena as projection and projective identification.⁴ Rapaport (1958) points out that some paradoxes may be resolved by relying on such concepts as Hartmann's (1939) regarding relative ego autonomy and adaptation via preformed apparatus, implying a capacity to perceive reality on its material basis rather than simply as a projection (Rapaport, 1951, p. 519n).

Regarding the predominant role of projection in the process of identification, four psychoanalytic writers in particular (aside from those already noted above) emphasize this theme. Rank (1926) traces the genesis of object relations to the good and bad mother's breast, with every relation to an object consisting of projection of the tendencies and conflicts of the ego, and with identification resulting from a preliminary projection. Federn (1936) describes identification in terms of the child's feeling included into the ego of the beloved person, and by such a projecting of the self, achieving a feeling of strength and security. Graber (1937) contrasts identification based on introjection with another type in which one is introjected into another person, this constituting a passive identification based on the mechanism of projection. Klein (1930, 1934) considers the child's sadism as leading to anxiety referable to his own organs, also symbolized by the external world of objects, with attempts to protect these in light of the identification based on such projection. Klein proceeds to develop this formulation further in introducing the term "projective identification."

³ Cf. also Siegman (1967) on the influence of drives in altering the object, utilizing projection in so doing, and creating a hierarchy of object images corresponding to historical experiences and drive maturation.

⁴ Lichtenstein (1961) discusses the Cartesian basis for subject-object dichotomies and the difficulties resulting from this framework.

The Concept of Projective Identification

Klein considers the mechanism of identification as being set in motion not only by the libidinal interest, but also by the anxiety arising from the sadistic impulses to possess and destroy the mother's body. As noted above, the child's identification with the object toward which sadism is directed, leads to anxiety referable to his own organs which are symbolized by being projected to the external world of objects (Klein, 1930). The desperate efforts of the depressive to preserve good objects, not only internalized but also external, are based on such projection and identification (Klein, 1935). The superego itself is made up of a series of varied identifications in opposition to one another, originating in different strata and periods, and differing fundamentally from the real objects (Klein, 1927).

Identification based on projection into another person of the good or loving parts of the self vitally influences object relations, according to the views of Klein (1946), which may be summed up as follows. Projection of good feelings and parts into the mother is described as essential for the infant's development of good object relations and ego integration. If excessive, however, this projection may weaken the ego, with extreme dependency on other people as external representatives of the good parts of the self. The fear of loss of the capacity to love may result. Introjection also influences object relations vitally. Idealization of internal objects, as a defence against destructive tendencies, hampers ego development and object relations; with the ego excessively dependent on unassimilated idealized internal objects, and with resulting feelings of lack of value to the ego itself, further splitting processes occur within the ego. Maternal love and understanding provide the experience with good external objects which promotes normal development. The course of normal ego development and object relations depends on an optimal balance between introjection and projection. The projection of a hostile inner world leads to the introjection of a hostile external world, and *vice versa*, with the result that a disturbance in the introjection of good objects leads to disturbed development and excessive withdrawal to the inner world. Thus, weakening and impoverishment of the ego results from the excessive splitting and projective identification.

Klein (1946) thus uses the term projective identification in elaborating her concept of the paranoid-schizoid position. In a definitive

statement on identification (Klein, 1955), she sums up her conclusions regarding the paranoid position, the splitting defences, and the projection into the mother and later other people, of the destructive parts of the self. She details her views on projective identification, stating that not only the destructive or bad parts of the self are projected into others, but the good parts as well:

The process which underlies the feeling of identification with other people, because one has attributed qualities of one's own to them, was generally taken for granted even before the corresponding concept was incorporated into psychoanalytic theory. For instance, the projective mechanism underlying empathy is familiar in everyday life. Phenomena well known in psychiatry, e.g. a patient's feeling that he *actually* is Christ, God, a king, a famous person, are bound up with projection. The mechanisms underlying such phenomena, however, had not been investigated in much detail when, in my "Notes on Some Schizoid Mechanisms," I suggested the term "projective identification" for these processes that form part of the paranoid-schizoid position.

... Projective identification is bound up with developmental processes arising during the first three or four months of life (the paranoid-schizoid position) when splitting is at its height and persecutory anxiety predominates. The ego is still largely unintegrated and is therefore liable to split itself, its emotions and its internal and external objects, but splitting is also one of the fundamental defences against persecutory anxiety. Other defences arising at this stage are idealization, denial, and omnipotent control of internal and external objects. Identification by projection implies a combination of splitting off parts of the self and projecting them on to (or rather into) another person. These processes have many manifestations and fundamentally influence object relations.

... I also suggested that internalization is of great importance for projective processes, in particular that the good internalized breast acts as a focal point in the ego, from which good feelings can be projected on to external objects. It strengthens the ego, counteracts the processes of splitting and dispersal, and enhances the capacity for integration and synthesis ... the fear of annihilation by the destructive forces within is the deepest fear of all.

... a securely established good object, implying a securely established love for it, gives the ego a feeling of riches and abundance which allows for an outpouring of libido and projection of good parts of the self into the external world without a sense of depletion arising. The ego can then also feel that it is able to re-introject the love it has given out, as well as take in goodness from other sources, and thus be enriched by the whole process. In other words, in

such cases there is a balance between giving out and taking in, between projection and introjection.

Further, it is stated that feelings of having dispersed one's own inner goodness to others produce envy of them, and longings to retrieve love through relationships represent the longing to recover the ideal childhood self.

Others take up the term and concept of projective identification in describing the object as being perceived with characteristics of the self, and of the self as being identified with the object of its projection (Segal, 1964).

The mechanism of projective identification is referred to by several authors in interpreting clinical phenomena involving patients' experiencing themselves and their impulses as being projected into and thereby confused with the therapist (Rosenfeld, 1952a, 1952b, 1954; Bion, 1954, 1955, 1956; Segal, 1956; Searles, 1963). Similarly, there are discussions of the counter-identification and countertransference processes involving projective identification (Racker, 1957; Grinberg, 1962). The role of projective identification in such problems as schizophrenic depersonalization, confusional states, and the relationship between paranoia and male homosexuality is discussed by Rosenfeld (1947, 1949, 1950).

It should be noted that there is general consensus regarding the formulation of object imagos, influenced by projection, as having a reflexive part in the formation of introjections (Glover, 1945; Brierley, 1951). However, there are also serious reservations about attributing to earliest infancy preformed ego capacities involving secondary process functioning, without sufficient acknowledgement of a progressively developing ego structure with such defensive capacities (Glover, 1945; Bibring, 1947; Brierley, 1951). Further, there are objections on the grounds of a preformed drive system without sequential phases; of the blurring of distinctions between drive and defence as well as between fantasies, objects, and affects; and of the equating of biological process and mental mechanisms, in reference to introjection and projection (Glover, 1945).

In spite of the many reservations regarding hypotheses which attribute rather complex mental functions to early infantile stages, the universality of introjective and projective mechanisms in identificatory processes and in object relations is clear. Data obtained from psychoanalytic studies and from wide spectra

of human activity in general confirm the fundamental role of these processes. Some Anlage must be developed from the beginnings of mental life, but care must be exercised in attempting to retroject to early infancy those processes which are evident in later functioning.

Another point regarding projective identification which must be noted is that many authors refer to it as though it were synonymous with projection. This probably stems from Klein's usage relating to the projection and concurrent internalization of love and hatred for the mother and her breast. That is, the bad as well as good products and parts of the self are said to be split off, projected into the mother, and continue their existence within her, with the relation to the internal and external object thus continuing (Klein, 1946; Klein, 1955, p. 310 and 311). Other writers follow the same usage (Meltzer, 1966), although some at the same time indicate that the split-off part of the ego is projected into the object with consequent loss of that part to the ego (Segal, 1956); or the split-off part of the patient's personality is projected into the object where it may become installed as a persecutor (Bion, 1956, p. 344). The implication here is that there is an attempted annihilation of the object, hence it would seem desirable to make a distinction between projection and projective identification based on the extent to which the annihilation is carried out psychically, i.e. the degree to which the splitting is completed. This question will be discussed further with the illustrative material in the next section.

At this point, reference should be made to a most recent paper on projective identification, which specifically rejects the possibility of a projection without identification. Malin and Grotstein (1966, p. 26) state:

... we use the term projective identification and not projection. Projection alone is a mechanism for dealing with instinctual drives akin to incorporation. It is an instinctual mode. . . . we then conceive of the psychic apparatus as a dynamic structure composed of internalized objects (and part objects) with drive charges inseparably attached to them. We feel that these charged parts of the self (or identifications) are projected outward and that the status of the identification changes by virtue of the projection, thus enabling the ego to discharge, for instance, unwanted or disclaimed parts of the self. The external object now receives the projected parts, and then this alloy-external object plus newly arrived projected part—is re-introjected to complete the cycle.

(p. 27) . . . all identification includes projection, and all projection includes identification.

And,

When we start with the projection it is necessary that there be some process of identification or internalization in general, or else we can never be aware of the projection. That is, what is projected would be lost like a satellite rocketed out of the gravitational pull of the earth. Eventually, all contact with the satellite will be lost. Although the satellite has left Earth, it must remain under the influence of Earth's gravitational pull to remain in orbit in order for it to maintain some contact with Earth. A projection, of itself, seems meaningless unless the individual can retain some contact with what is projected.

The question at issue is whether indeed the mechanism of projection can operate without the intention and fact of an accompanying and continuing identification.⁵ Beyond this question is that concerning the nature of the earliest state of the mind: whether it is that of primary narcissism with its aim of object annihilation as described in the opening paragraphs of this paper; or that of primary object love, as proposed by Balint (1937), or in another sense of object primacy, that described by Fairbairn (1952) who advances the theory of the predominant role of the ego's object-strivings. Still another possibility is presented by Lichtenstein (1961). He points out that the theory of primary object love is rejected by many, including Waelder (1937), Hartmann (1939), Spitz (1957) and Jacobson (1954), among others; but that the concept of primary narcissism may also be open to serious questions. He conceptualizes a symbiotic partnership in which there is no subject or object.

However, although this may answer some questions regarding the nature of identification and identity formation, it would seem simply to extend the narcissistic principle to include the symbiotic unit, and as far as the defensive process and the mechanism of projection are concerned, these still operate on some basis of inside and outside or self and non-self. Further, the organizing function of the drives in the seeking of need fulfilment, with consequent influence on wishes and their mental representation, must be recognized, as indicated in a recent panel discussion on the theory of instinctual

drives (American Psychoanalytic Association, 1968. See also A. Freud, 1954, p. 12 and Kris, 1954, pp. 58, 59).

It may not be possible to settle many of these questions definitively, but the proposition regarding the contradictory aims in projection, of object annihilation as opposed to object preservation, is more generally agreed upon and verifiable from various observations of human behaviour.

Splitting Mechanisms in Projection

In the myths and rituals of mankind, the dual role of projection can be readily discerned. Freud (1913, p. 64) points out the similarity between the taboo and the neurotic obsessional prohibition or the phobia, in which projection operates in the service of defence; and suggests further that even where there is no conflict, projection functions to determine the form taken by our external world. In providing some understanding of the religious rituals of sacrifice and of totemistic practices, Freud (1913, p. 132 ff.) emphasizes mainly the incorporative and identificatory processes.

In order to illustrate the annihilating aspect of projection involved in sacrificial ceremonies, reference may be made to the ritual of the scapegoat, as described in the Book of Leviticus 16: 1-34, as annotated in Hertz, 1961, pp. 480 ff.). In the process of atonement and purification, the ritual involves among other things, the disposition of two goats. One is killed and the blood sprinkled upon the ark-cover and upon the horns of the altar, then it is burnt to make smoke upon the altar. (Such symbols are discussed by Freud (1913, p. 133 ff.) as a manifestation of the tie between deity and worshipper.) The ritual proceeds to dispose of the second goat, which is the "scapegoat". The entire removal of the sin and guilt of the community is symbolized by placing these upon the head of the goat who is then sent away, bearing all of the iniquities, into the wilderness or "land which is cut off" (*to prevent the animal's return*). When later it was no longer possible to send the goat to a place whence it could not return to inhabited parts, the practice became one of casting the animal down a precipice. Clearly, here is the mechanism of projection in its dual aspect: in the case of the

⁵ It is possible to agree with the further point made by Malin and Grotstein (1966) regarding the process of projecting inner content into external objects and intro-

jecting the object and its response as a new level of integration, without necessarily agreeing that this is the purpose and path followed by *all* projection.

first goat, to retain the tie with the object; in the case of the second, to annihilate it.

The coexistence of two attitudes which persist without influencing each other may be regarded as due to a splitting process, even though this has to be differentiated from what Freud (1940, pp. 202 ff. and pp. 275 ff.) considers to constitute a splitting of the ego (i.e., a disavowal of a reality coexisting with an acknowledgement of the reality).⁶ We may consider the situation in each of the two modes of projection:

(a) in the case of identification with the object by projection, the ego is extended or externalized rather than split; though the object may be misperceived, and if there is on some level simultaneously a perception of the object in its real light, the perceiving ego (and the object which it is perceiving) may in fact then be considered split. The self representation may similarly be subject to contradictory perceptions, i.e. as identified with the object as well as distinct from it, and again this may be considered as a splitting of the ego.

(b) in the case of projection in the sense of the annihilating tendency, the object may be misperceived as containing the projected qualities; and to the extent that there is any simultaneous awareness of or undoing of this distortion, there would be a split in the ego. Again, if the projection is incomplete, the self representation may contain opposing qualities, i.e. both with and without the projected tendency, thus involving a splitting of the ego.

The factor of ambivalence determines the conditional nature of the projection. As Freud (1911) suggests in his analysis of the Schreber case, the annihilating tendency involves a withdrawal of object cathexes, and this is experienced as a destruction of the subjective world and of the external world by projection. Hence, the object cathexes must be restored, even though with negative valence as evidenced by the paranoid syndrome. It may be then that projection with the intention of annihilation of certain aspects of the self enhances the feeling of security; whereas the operation of such a process to any degree extensive enough to involve major elements of the object world with which there is an identification, produces excessive anxiety and

sets in motion the complementary (restorative or identifying) type of projection.⁷

The following clinical observations are offered to illustrate the operation of the mechanism of projection in each of its modes.

Clinical Illustrations

Varying aspects of the mechanism of projection may be observed in any of the diagnostic categories. The processes herein described concern four patients: a neurotic, a borderline, a schizophrenic, and a transvestite with paranoid personality. In this particular series there is a predominance of projective identification in the first two cases, and of annihilating projection in the last two.

Case 1

A 45-year-old housewife and storekeeper sought treatment for anxiety, tension, apprehension, and frightening palpitations, with bowel symptoms indicative of spastic colon. The onset followed three events which she considered causally related. First, she had sold the dress shop which she and her husband owned, and which had provided a feeling of security. In their new store, "business sagged". Second, her stepfather had died. She had hated him and he had been openly hostile to her. Third, she had re-injured her back by slipping on the kitchen floor (which her son had wet) just when she seemed to have recovered from a back injury suffered a year earlier.

The patient's relationships with her husband and two sons were ostensibly good, but actually her attitude toward males was one of repressed hostility. She felt exploited, submitted with long-suffering forbearance, worked hard and dreamed of becoming famous by writing novels. Actually, she was quite competitive with men, and in a masturbatory fantasy she identified with a man who had tied up a woman and raped her.

The patient's father had died before she was born, and she was the youngest of three girls from her mother's first marriage. She described her childhood as a very lonely one, with the mother working, hardly ever speaking to her, and emotionally cold though the patient clung

⁶ Klein (1946, p. 297 ff.) suggests that splitting of the ego and splitting of the object are to be equated. Her use of the term "splitting" is extended to the process which is generally referred to as projection, rather than to the process of splitting designated by Freud and described in the foregoing passage, and in what follows.

⁷ This differs from Klein's (1946 p. 320) interpretation of the attempt at recovery which she sees as based on the destruction of the split-off parts of the ego, with reduction of the elements to a lesser number which may then become reinvested with positive qualities. Such a view places insufficient emphasis on the dynamic character of the destructive vs. reparative process.

to her whenever she could. When she was 7 years old her mother had remarried. There was a constant feud between the patient and her stepfather. The patient was a kind of scapegoat, was considered to be the clumsy, inept, stupid oaf. She often thought of her father, idealized his image, and thought that if he had lived he would have been her champion. Then mother would have loved her, instead of being influenced against her by the stepfather. She envied her step-brother, a beautiful and adored child, loved by everyone. She envied her sisters too, and they also were described as beautiful, talented, always having good fortune.

Her attitude toward the analyst was one of supplication, marked dependence, and nagging questioning. She always presented herself as the martyred sufferer. Yet she was very bright, alert to nuances and implications of every utterance, challenging, and competitive. There was a persistent curiosity concerning everything about the analyst, with the constant urge to look at him, to be given advice, to write down his words, to borrow his magazines. When the wishes for transference gratification were thwarted, she reacted with docile compliance but in a dream, she saw a murderer with a knife, a young man who looked just like herself. With this, she described her back feeling like it had a knife in it, and she wanted to pluck it out and throw it away. When she was able to recognize her hostility toward deprivors or exploiters, she would say "I hate him like poison." In a related fantasy, her veins turned into poison vines and had to be rooted out. Jealous of her beautiful sisters, she dreamed of putting poison into their dresses, then dreamed of the veins in her legs breaking and releasing poison that destroyed her body.

She longed to have everything perfect, to be given food, warmth, comfort. She longed for her lost youth, and saw her blood draining out with the menopause. In a dream, a crazy woman with a wild look was holding a white guinea pig with a thousand stab wounds in it and blood pouring out. She associated the guinea pig with the female, white and pure (though phallic in shape); and in contrast saw men as dirty rats. With this thought, she realized that many men had been good to her, and then felt like there were rats in her stomach. As she became aware of her competitive, envying, aggressive tendencies, she described feeling like a wicked thing, getting old like Dorian Gray, with a cracking mask and evil things coming out,

hurting everyone around her. She had a fantasy of sticking pins into someone's eyes, and as this proceeded, the eyes became blue, like those of her beloved step-brother. She suddenly realized the connection with a perpetual and never-expressed fantasy of a needle going into her own heart. In a dream, the brother appeared in a mirror, she stuck a knife into him, but it became herself and she fell over dead.

Interpretations dealing with oral, anal, phallic and oedipal levels of conflict provided ample reconstruction of the developmental stresses in the patient's life and of the repetition in current living and in the transference. Further, the nature of the struggle to project the bad parts of herself and the objects with which she identified, became clarified in the repeated interpretations of this mechanism as it appeared in her defensive operations. There ensued an idealization of the self image, which paved the way for a resolution of the anxiety. Though she had re-lived a thousand times in her fantasies the episode of falling on the kitchen floor, she suddenly realized that in the moment of falling she had made a protective lunge to avoid falling against and injuring her son. This led to thoughts of the many friends who liked her, and of her own ability to forgive and be tolerant of others. An acceptance of herself and of the reality difficulties emerged one day, following an interchange of the preceding hour. She had insisted on answers, saying she knew the analyst wanted to help her. Upon being questioned as to how she knew that, her reply was to the effect that if she were in his place, she would want to help. From this point on, the destructive image of herself began to give way to a benevolent one.

Case 2

A 30-year-old salesman came to analysis because of an acute anxiety reaction, following the breaking off of a love affair. The woman was a divorcee who had insisted upon marriage, rejecting him when he refused. He had then read in the newspapers that she had attempted suicide by cutting her wrists. He had always been the one to reject the partner in numerous compulsive affairs characterized by his charming or forcefully overwhelming the woman, drawing satisfaction from a feeling of subduing and humiliating her, with rapid loss of interest after sexual contact. He derived little sexual satisfaction himself, was more interested in the partner's excitement, had to have sex relations quickly, and found himself soon thinking that

the next woman would be more attractive. He was strongly attracted to large-breasted women, like his mother. His feeling toward the divorcee had been unusual in that he had felt tenderly toward her and had been reluctant to end the relationship. He had begun to feel and behave differently in his dealings with people, becoming more tolerant and receptive. Whereas he had always been impulsive and unpredictable in spite of considerable imaginativeness and creativity, he now became conscience-stricken about dominating, ruthless, manipulative, or deceptive behaviour. He became very anxious after the relationship had been broken off, and was quite concerned on account of having reacted with some feeling of satisfaction and triumph while at the same time feeling remorseful.

The patient described his early life in terms of strongly ambivalent tendencies, with marked clinging to others but equally prominent assertions of independence. He was the third child, and learned from an aunt that his mother had attempted an abortion while she was pregnant with him. The reason given for this was that his mother had developed "milk leg" during her pregnancy with his sister who was a few years older. The mother was very changeable in her moods, and he recalled her as either kissing or hitting him. She apparently had reacted with guilt to her feelings of rejection toward him, and over-protected, over-fed, and interfered with his efforts toward independence. She had a low tolerance to any of his manifestations of anxiety, and rushed in to give reassurances. The father was an easy-going person who sort of faded into the background because of various illnesses which made the patient feel uneasy and embarrassed. An older brother, considered to be the strong person in the family, was competent and successful academically and in a professional career. The patient tended to attach himself to strong people to gain a feeling of security. Still, he was quite adept at manipulating and controlling others.

During the course of the analysis, he maintained a dependent position, though there were frequent manifestations of restless, uneasy, quickly-suppressed critical attitudes. What was particularly prominent was his projective identifications: his experiencing of himself as projected into the being and bodies of others, with the subjective impact upon himself of his impulses and attitudes toward others. Thus, during the initial hours, he was expressing his longings to be close to women, together with his feelings of

frustration and violence. A typical sequence in thoughts and verbalizations would be: love—fuck—sex—bloody slaughter—own anxiety—pain—bleeding. He would describe an image of his mother, fat, with protruding nipples "covered with shit." Then his fantasy proceeded to his own hand being in the toilet "with all the shit," making him feel sick. The shit covered all of mother's body except her face, which became the face of his paramour. He thought of her having rejected him, imagined sinking his teeth, like fangs, into her breasts, to tear her to shreds. With this he became anxious and felt a pain in his own breast.

On another occasion, he was thinking of a pretty girl, and fantasied bloody breasts, thought of tearing mother's breasts off, and of kicking her in the stomach. He then had an anxious feeling in the pit of his stomach and imagined his own testes being torn off. He stated that he was confused about who he was, whom he liked and disliked. He wanted to be equal to the analyst, but felt he had to make himself bigger and stronger because he believed that was what the analyst was doing in trying to dominate him. His intention became one of forcing the analyst out of his life and out of himself, but he felt incapable of surviving alone. If he succeeded in getting anything from anyone, it could not be any good because he would have forced it from them and it became as worthless as he felt he was. He believed the analyst did not want to put up with him and only did so for the money, just as he felt he deceived and tricked everyone in order to force them to give him whatever was valuable. In defence, he felt he was building a shell around himself like a wall of steel, but that he couldn't help shaping himself into other peoples' forms.

Regarding his sexual conquests, he described the impulse to grab a girl by the throat and choke her to make her have intercourse, but immediately thereafter said he felt like he was suffocating. He talked about a girl he had had intercourse with, and recalled some post-operative scars on her abdomen. This gave him a "queasy feeling in the stomach." The girl had a little bird and told him she thought he was jealous of it. He wanted to crush the bird, imagined it being ground to a bloody mass, then thought of the veins in the woman's breasts, and of breasts which were scratched and bloody. He then imagined his own wrists bleeding, remembered his fear of being bitten by dogs, and recalled having once seen a butcher chop off a

duck's head. He returned to his fantasy of sleeping with a girl with beautiful lips. She would kiss him, and then suck on him; but this made him feel anxious, suffocated, scratched, and bleeding. In addition to projective identification involving sadistic aspects of the self, there were also intense longings to cling to people who represented idealized imagos, described in terms of loving, kind, genuine, interested, intelligent, capable, strong qualities.

In the transference, he gradually came to recognize the intensely symbiotic relationship he was trying to perpetuate. After a long struggle in attempting to maintain the analyst as a good part of himself, with projective identification and anxiety from hostile impulses, there was a gradual acceptance of separateness, from repeated interpretations and reality testing. An important contribution came from the analyst's ability to tolerate the patient's anxiety, affirming the separateness, which his mother had apparently been unable to do.

Case 3

A 21-year-old college student sought treatment because she felt socially backward, lonely, self-conscious, confused, unable to find meaning in her living, and unable to trust her own beliefs or those of others. Although she was judged as having intellectual assets, she seemed blocked in utilizing them, and actually was impelled to seek help because of an inability to accept the discipline of studying. When she did, she was capable of excellent academic achievement. She suffered from loneliness particularly since the age of fourteen, when her mother died during open heart surgery for a valvular defect. Since high school, she tended to attach herself to girls who were kind and honest, and she tried to get them to mother her. In this, she went so far as to get another girl to feed her. Or, she would run away and threaten self-injury in order to evoke a kind of motherly concern. In dress and appearance she refused to grow up, looked like a child of twelve. She was argumentative and would often adopt some position contrary to her own beliefs in order to provoke opposition by others, for the rationalized purpose of guiding the other person to a better course. She had entered a convent as a novice, but had raised so many unanswerable questions that she had been considered intolerable and eventually had had to leave. In college she joined a sorority, and again formed intense attachments to the motherly girls there. She was so eager for the

relief from loneliness that she devoted all of her time to sorority activities, neglected her studies, and eventually had to leave the school as well as the sorority.

Her mother was greatly idealized in her memory, and she considered her the kindest and most loving person who had ever lived, although the maternal grandmother and some of the mother's siblings were considered to be contentious, coercive, and domineering. It was only after a long time that she came to any realization of her ambivalence toward her mother. Evidence for this came out as she could recall fighting against her mother's wishes at a very early age, and as she realized that she had always gone to extremes in her rebellion against authority and conformity. (She had been subjected to strong discipline, including toilet-training between five to nine months of age.) Her guilt feeling over her mother's death was connected with the knowledge that mother was not supposed to have had any children at all; and although the cardiologist had finally agreed that it would be all right to have one pregnancy, the patient felt that her hyperactivity as a child ultimately proved to be too much for her mother. She believed that her father must resent her on this account too, otherwise he would not be so stern with her. The theme of adult hostility toward children was a dominant one in her thinking. Even her idealized mother was not spared in this regard, and the patient accepted as sufficient proof the fact that on her first birthday, mother had written a poem expressing great love for the *idea* of a baby, which went back to the days of longing for one before the patient was born. Since this was directed toward *any* child, it was impersonal and therefore proved that mother could not have loved *her* for herself. The projection of hostility to adults went further, and provided the basis for a theory which she had held early in her childhood. Since children and adults seemed so different, she could not understand that children eventually grow up to become adults. Hence, the adults must dispose of the children when the latter reach a certain age, probably by chopping them up. (She believes that the fact that there were no adolescents around during her childhood provided some grounds for this theory.) At about the same time that she first developed this theory, which she dates back to the age of three, she began to believe that she was not the same as others. She was not a living being, but a "nothing body" which was moved about and

given all its qualities by various winds which possess very powerful force for good or bad.

The position which the patient had held for quite some time as the only grandchild in the family, had made her the object of over-protection, over-indulgence, and over-involvement with the adults around her. She believes that she was not really permitted to have her own feelings. She felt that without her support the adults around her would fall apart, as when an aunt fainted because the patient would not wear a jacket. Her mother had made the issue of love and compliance an either/or thing, and the patient had responded by alternating between identifying with and annihilating others. She describes herself as taking on the attributes of whomever she is with at the moment, of being as they would want her to be; or on the other hand, feeling that when she's away from someone, they don't exist.

In early childhood, she developed a guilt-laden fantasy life, with pervasive wishes to tie down and beat her dolls cruelly, but also to be her dolls.⁸ At the same time masturbation and sexual feeling produced intense guilt feeling, were connected with an early terror of an intruder in her room, and with fear of cancer and death when the unexplained menstrual periods began at thirteen. She believes that her mother's sexual relations were terminated as a sequel to her own being born. Any romantic overtures by a male produced guilt feeling and rejection. In a slip of the tongue she referred to her mother's pregnancy but said "when I was pregnant."

She tended to withdraw from all relationships and referred to people as rotten, hostile, murderous. On the other hand she lavished attention and love on plants and animals, from whom evidences of loyal and loving responses were reliably forthcoming. In the case of plants, which were bound to have flowers which would die, she would periodically neglect them, permit them to die, and then inflict self-punishment by cutting her legs. She often had the impulse to do this after some experience which evoked hostile feelings toward friends or loved ones. Another analogous pattern of behaviour concerned her negativism and oppositional attitudes, which were aimed at testing the good intentions of others, or justifying her ridding herself of them.

In the transference, this type of testing out led to an interruption of the analysis after a promising start had been made. When she was accepted back as a patient, which surprised her, she went on to develop strong positive transference. She saw the analyst as being able to sustain interest in and concern for her, and as remaining committed to the relationship despite her negativism. When she acted out by slicing her leg with a knife, decisive setting of limits led to the cessation of such activities. Instead, argumentation and passive-aggressive attitudes were used in an effort to gain reassurance that an object relationship was still preserved, even with negative features. This permitted expressions of love as well, and she became able to communicate aspects of her personal life and feelings which she had never risked sharing with anyone before. This included hallucinatory experiences in which loved figures were conjured up in their absence, constituting a reassurance against their annihilation.

Case 4

A 38-year-old single male government worker came for treatment because of a perpetual state of anxiety, which he blamed on several years of previous psychotherapy which had induced him to give up his seclusiveness and to seek relationships more actively. This patient came as close as anyone can to being without a friend in the world. The only possibility of establishing a positive bond with another person would be based on their sharing a common grievance. He described himself as "mad at the world," and every day found him antagonizing someone, or having his own sensitivities bruised, often with the result that he would threaten physical violence against his tormentors. He dated not infrequently, but felt no sexual arousal toward the female. His masturbatory fantasies were homosexual in character (e.g. of being forced into fellatio, with a woman observing and ridiculing him), and he had engaged in transvestite activities since childhood.

The relationship between his parents apparently had been very hostile. The father was said to have been cold and rejecting toward his family, and to have engaged in many extramarital affairs. Eventually he cut the mother off without a cent of support. The mother was described as loving, but only on condition that her wishes be

⁸ Rubinfine (1962) discusses the role of beating fantasies in terms of the erotization of the hated object in order to tame the sadism, differentiate self from mother,

and permit development of psychic structure without danger to self or object.

met. Otherwise she would become extremely unstable, throw tantrums, hit anyone around with the nearest available object, or threaten suicide. She actually went to the extreme of getting out on a seventh floor ledge on one occasion, and turned on the gas on another. From various evidences it appeared that the parents had not had any sex relations after the patient's birth, with the father impotent with the mother though carrying on affairs with other women. A single sexual intercourse had resulted in impregnation and the birth of a sister twenty-one months younger than the patient. Since the mother had turned the patient over to the janitor's family for caretaking when he was just a little over one year old, the idea had presented itself that in order for the parents to have sexual relations, the patient had to be got out of the way. His earliest memory was of being sent to a foster-home at the age of 2, just after his sister's birth had produced a "nervous breakdown" in his mother; and of a nurse who scared him by pulling his penis. He believed that his anxiety in any closeness with a female came from a castrative fear of punishment by his father for his closeness with his mother.

From the outset, the transference involved a frantic effort on the patient's part to avoid closeness and subtly to insult or provoke a retaliatory attitude, which would then justify a contemptuous, rejecting, and annihilating attitude on his part. The reason behind this became clear when, after a particularly gratifying and collaborative hour, he became sarcastic and emphasized his critical feelings; then went on to describe an incident when he had had to reprimand some co-workers toward whom he had developed positive feelings. He described his reaction as having felt torn apart, like someone who has faced a wild animal. On another occasion, some evidence that there had been some improvement as the result of treatment led to his engaging an aggressive older woman at a party, acting provocatively, eliciting a rebuke, leading to his determining to have nothing more to do with people. Transvestite and homosexual preoccupation ensued.

The treatment was eventually broken off after the patient seized on some idea that the analyst must be hostile to him, and he contemptuously terminated the appointments with a terse postcard.

DISCUSSION

In the cases described above, there are clear

evidences of a continuum with the retention of the object tie at one end, and the annihilating tendency at the other. In cases 1 and 2, the influence of projective identification appears to have been so strong that the utilization of aggression, with its attendant movement toward object destruction, produced anxiety and impairment of such defence. In the early histories of both of these patients, there is evidence of considerable rejection of the child by the mother, and of consequent manifestations of guilt feeling on the part of the mother which tended to promote excessive dependence and clinging on the part of the child. This appears to account for the difficulty in clear differentiation between self and object, as expressed in the subjective experiencing of the impulses which these patients directed toward the bodies of others as happening to themselves. It is interesting to note that these patients presented predominantly neurotic clinical pictures.

In case 3, the intensity of the signals from the mother in sponsorship of a symbiotic type of relationship with the child may be inferred. However, this was apparently accompanied by such coercive elements as to promote a defensive distancing operation. Or, it may be that the strength of the ambivalent tendencies in the child demanded a more vigorous rejection of the object cathexes which proved in the transference relationship to be the source of such intense conflict.

In case 4, the evoking of prohibitive anxiety with object cathexes at each genetic phase was evidently defended against by a vigorous process of an annihilating projection and an interference with any durable object relationship. This differentiation of self from object avoided the destruction of both by the infantile sadism. The case histories reported herein suggest that early tendencies toward excessive projective identification may stem from maternal guilt feelings which encourage attitudes of excessive clinging in the child. On the other hand, there are indications that coercive tendencies in the mothers may foster ambivalence, anxiety regarding closeness, and reliance on defensive projection on the part of the child.

It is beyond the scope of this paper to attempt any further correlation between the nature of the early childhood experience and the specific character of the introjective and projective defences which ensue. The whole literature on ego psychology and identity formation is relevant to this problem. A comprehensive study

is provided by Lichtenstein (1961), who emphasizes the role of the mother in imprinting an identity on the child. His case description details impressively his patient's alternating between the experiencing of the other in terms of a projective identification or of a separateness in the annihilating sense. The imprinting effect on the child from the unconscious needs of the mother is indicated in contributions by Spitz (1949, 1957), Jacobson (1954), and others. Brodey (1965) discusses the early processes in which the child develops only those percepts which fit in with the maternal tension releasers, involving the mother's projected images. Among the many well known contributions to the subject of the influence of early experience on the sense of fusion with or separateness from the primal object, are those which emphasize early mirroring experience and its influence on body image and sense of identity (Elkisch, 1957; Eissler, 1957; Mahler, 1957; Greenacre, 1957a, 1957b, 1958).

The mechanism of projection may be briefly described metapsychologically in the following terms. Dynamically, there is a conflict between the impulse to annihilate the object to which some threatening subjective tendency has been attributed, and the urge to protect the object which has been identified with and cathected as an extension of the self. From the structural and genetic viewpoints, the ego which has been formed by introjection and identification with lost objects, attempts to maintain stability in the face of structural regression which tends toward reinstancualization and reaggresivization. Economically, neutralization and sublimation depend on instinctual discharges with defusion of libidinal and aggressive energies which projection in its dissociating sense advances by virtue of the elimination of the sources of energetic tension. Adaptively, object relationships are protected by a reliance on idealization in the interpersonal field, at the expense of dissociation of a part of that field.

A point which may be worth emphasizing in regard to the influence of introjective and projective processes on object relations, is that in referring to internal or external objects, we are relying on useful but unfortunately anthropomorphic terms. It is necessary to recall that it is not an object itself which is being dealt with, but its mental representation, or *imago* (Freud, 1914). That cathexis of objects occurs within the ego, and that there must be a clear recognition of the endopsychic nature of self and object repre-

sentations and of the introjection and projection which deals with the relationship between ego and object, are pointed out by many writers on this subject (Glover, 1930; Brierley, 1951; Jacobson, 1954; Bychowski, 1956; Kaywin, 1957).

In this sense, the processes of projection and introjection involve subjective potentialities to a far greater extent than objective realities. Objectivity on the analyst's part is related to such considerations, and there has been considerable interest in the question of what makes such objectivity possible. Fliess (1953) suggests that the analyst undergoes an introjection-introspection-reprojection, in testing the reality of the inner processes of the patient. In this, the superego briefly lends its faculty of self-observation to the ego. This

enables the analyst to subject the utterances of the transitorily internalized object to an unconscious elaboration without, however, causing a regressive redifferentiation of his ego in the process.

It is the maintenance of this differentiation which permits a sublimated performance. Insufficient organization (integration) of early lost objects would constitute malformation of the ego which then reciprocates with a disruptive counter-identification. Racker (1957) offers similar formulations, suggesting that failures in concordant (i.e. empathizing) identifications due to conflicts between parts of the analyst's personality, lead to intensification of the complementary (i.e. projecting) identifications. It is from the perception of his own symptoms which signal these processes that the analyst is provided with the clue as to what is going on in the patient and what must be interpreted. This depends on the fact that the transference stems from the infantile situations and archaic objects of the patient, and produces in the unconscious of the analyst reactions involving his own archaic objects. It is necessary that these become conscious through an awareness of the specific introjective and projective processes which go on reciprocally, in order for the analyst to deal therapeutically with the patient.

To summarize, it has been suggested herein that the dualistic and conflictful nature of the mechanism of projection involves the psychic apparatus in a continuously ambivalent mode of dealing with object relationships. On one end of the continuum, the annihilation of the object is predominant; while on the other, the identification with and preservation of the object is

paramount. In dealing with interactions in the psychoanalytic situation, one or the other may determine the characteristic patterns of psychic

defence, the clinical situation which becomes manifest, and the depth of understanding and resolution which may be possible.

REFERENCES

- ABRAHAM, K. (1911). "Notes on the psycho-analytical investigation and treatment of manic-depressive insanity and allied conditions." In: *Selected Papers of Karl Abraham*. (New York: Basic Books, 1954.)
- (1924). "A short study of the development of the libido." *ibid*.
- AMERICAN PSYCHOANALYTIC ASSOCIATION (1968). Panel: "Psychoanalytic theory of the instinctual drives in relation to recent developments." *J. Amer. Psychoanal. Assoc.*, 16.
- BALINT, M. (1937). "Early developmental states of the ego: primary object love." In: *Primary Love and Psycho-Analytic Technique*. (London: Hogarth, 1952; New York: Liveright, 1953.)
- BIBRING, E. (1947). "The so-called English school of psychoanalysis." *Psychoanal. Quart.*, 16.
- BION, W. R. (1954). "Notes on the theory of schizophrenia." *Int. J. Psycho-Anal.*, 35.
- (1955). "Language and the schizophrenic." In: *New Directions in Psycho-Analysis*, ed. Klein *et al.* (New York: Basic Books.)
- (1956). "Development of schizophrenic thought." *Int. J. Psycho-Anal.*, 37.
- BRIERLEY, M. (1951). *Trends in Psychoanalysis*. (London: Hogarth Press.)
- BRODEY, W. M. (1965). "On the dynamics of narcissism: I. Externalization and early ego development." *Psychoanal. Study Child*, 20.
- BYCHOWSKI, G. (1956). "The ego and the introjects." *Psychoanal. Quart.*, 25.
- EISSLER, K. R. (1957). "Problems of identity." Abstracted in: Panel Reports, Problems of identity. *J. Amer. Psychoanal. Assoc.*, 6 (1958).
- ELKISCH, P. (1957). "Psychological significance of the mirror." *J. Amer. Psychoanal. Assoc.*, 5.
- FAIRBAIRN, W. R. D. (1952). *An Object-Relations Theory of the Personality*. (New York: Basic Books, 1954.)
- FEDERN, P. (1936). "On the distinction between healthy and pathological narcissism." In: *Ego Psychology and the Psychoses*. (New York: Basic Books, 1955.)
- FENICHEL, O. (1926). "Identification." In: *The Collected Papers of Otto Fenichel*. (New York: Norton, 1953.)
- (1945). *The Psychoanalytic Theory of Neurosis*. (New York: Norton.)
- FERENCZI, S. (1909). "Introjection and transference." In: *The Selected Papers of Sandor Ferenczi*, Vol. I, *Sex in Psychoanalysis*. (New York: Basic Books, 1950.)
- FERENCZI, S. (1913). "Stages in the development of the sense of reality." *ibid*.
- FLIESS, R. (1953). "Countertransference and counteridentification." *J. Amer. Psychoanal. Assoc.*, 1.
- FREUD, A. (1936). *The Ego and the Mechanisms of Defence*. (New York: Int. Univ. Press, 1946.)
- (1954). "Psychoanalysis and education." *Psychoanal. Study Child*, 9.
- FREUD, S. (1895). *The Origins of Psycho-Analysis. Letters to Wilhelm Fliess, Drafts and Notes: 1887-1902*. (New York: Basic Books, 1954.)
- (1896). "Further remarks on the neuro-psychoses of defence." *S.E.*, 3.
- (1900). *The Interpretation of Dreams*. *S.E.*, 4.
- (1905a). "Fragment of an analysis of a case of hysteria." *S.E.*, 7.
- (1905b). *Three Essays on the Theory of Sexuality*. *S.E.*, 7.
- (1911). "Psycho-analytic notes upon an autobiographical account of a case of paranoia (dementia paranoides)." *S.E.*, 12.
- (1913). *Totem and Taboo*. *S.E.*, 13.
- (1914). "On narcissism: an introduction." *S.E.*, 14.
- (1915a). "Instincts and their vicissitudes." *S.E.*, 14.
- (1915b). "The unconscious." *S.E.*, 14.
- (1917a). "A metapsychological supplement to the theory of dreams." *S.E.*, 14.
- (1917b). "Mourning and melancholia." *S.E.*, 14.
- (1920). *Beyond the Pleasure Principle*. *S.E.*, 18.
- (1921). *Group Psychology and the Analysis of the Ego*. *S.E.*, 18.
- (1922). "Some neurotic mechanisms in jealousy, paranoia, and homosexuality." *S.E.*, 18.
- (1923). *The Ego and the Id*. *S.E.*, 19.
- (1926). *Inhibitions, Symptoms and Anxiety*. *S.E.*, 20.
- (1940). *An Outline of Psychoanalysis*. *S.E.*, 23.
- FUCHS, S. (1937). "On introjection." *Int. J. Psycho-Anal.*, 18.
- GLOVER, E. (1930). "Introduction to the study of psycho-analytical theory." *Int. J. Psycho-Anal.*, 11.
- (1945). "Examination of the Klein system of child psychology." *Psychoanal. Study Child*, 1.
- GRABER, G. (1937). "Die Zweierlei Mechanismen der Identifizierung." *Imago*, 23.

- GREENACRE, P. (1957a). "Early physical determinants in the development of the sense of identity." Abstracted in: "Panel Reports, Problems of identity." *J. Amer. Psychoanal. Assoc.*, 6 (1958).
- (1957b). "The childhood of the artist." *Psychoanal. Study Child*, 12.
- (1958). "Early physical determinants in the development of the sense of identity." *J. Amer. Psychoanal. Assoc.*, 6.
- GRINBERG, L. (1962). "On a specific aspect of countertransference due to the patient's projective identification." *Int. J. Psycho-Anal.*, 43.
- HARTMANN, H. (1939). *Ego Psychology and the Problem of Adaptation*. (New York: Int. Univ. Press, 1958.)
- HERTZ, J. H. (1961). ed., *The Pentateuch and Haftorahs: Hebrew Text, English Translation and Commentary*. (London: Soncino, Second ed.)
- JACOBSON, E. (1954). "The self and the object world: vicissitudes of their infantile cathexes and their influence on ideational and affective development." *Psychoanal. Study Child*, 9.
- JELGERSMA, G. (1926). "Die Projektion." *Zeitschrift für Psychoanalyse*, 12.
- KAYWIN, L. (1957). "Notes on the concept of self-representation." *J. Amer. Psychoanal. Assoc.*, 5.
- KLEIN, M. (1927). "Symposium on child analysis." In: *Contributions to Psycho-Analysis 1921-1945*. (London: Hogarth, 1950.)
- (1930). "The importance of symbol-formation in the development of the ego." *Int. J. Psycho-Anal.*, 11.
- (1935). "A contribution to the psychogenesis of manic-depressive states." *Int. J. Psycho-Anal.*, 16.
- (1946). "Notes on some schizoid mechanisms." In: *Development in Psycho-Analysis*, ed. Riviere. (London: Hogarth, 1952.)
- (1955). "On identification." In: *New Directions in Psycho-Analysis*. (New York: Basic Books.)
- KNIGHT, R. (1940). "Introjection, projection, and identification." *Psychoanal. Quart.*, 9.
- KRIS, E. (1954). Chairman, "Problems of infantile neurosis: a discussion." *Psychoanal. Study Child*, 9.
- LICHTENSTEIN, H. (1961). "Identity and sexuality: a study of their interrelationship in man." *J. Amer. Psychoanal. Assoc.*, 9.
- MAHLER, M. S. (1957). "Problems of identity." Abstracted in: Panel Reports, Problems of identity. *J. Amer. Psychoanal. Assoc.*, 6 (1958).
- MALIN, A. and GROTEIN, J. S. (1966). "Projective identification in the therapeutic process." *Int. J. Psycho-Anal.*, 47.
- MELTZER, D. (1966). "The relation of anal masturbation to projective identification." *Int. J. Psycho-Anal.*, 47.
- OPHUIJSEN, J. H. W. van (1920). "On the origin of the feeling of persecution." *Int. J. Psycho-Anal.*, 1.
- RACKER, H. (1957). "The meanings and uses of countertransference." *Psychoanal. Quart.*, 26.
- RANK, O. (1926). *Elements of Genetic Psychology*. (Leipzig and Vienna: Deuticke, 1928.)
- RAPAPORT, D. (1944). "The scientific methodology of psychoanalysis." In: *The Collected Papers of David Rapaport*, ed. Gill. (New York: Basic Books, 1967.)
- (1951). *Organization and Pathology of Thought*. (New York: Columbia Univ. Press.)
- (1952). "Projective techniques and the theory of thinking." *J. of Projective Techniques*, 16. Reprinted in: R. P. Knight and C. R. Friedman eds. *Psychoanalytic Psychiatry and Psychology, Clinical and Theoretical Papers, Austen Riggs Center, Volume I*. (New York: Int. Univ. Press, 1954.)
- (1958). "The theory of ego autonomy: a generalization." *Bull. Menninger Clinic*, 22.
- ROSENFELD, H. (1947). "Analysis of a schizophrenic state with depersonalization." *Int. J. Psycho-Anal.*, 28.
- (1949). "Remarks on the relation of male homosexuality to paranoia, paranoid anxiety, and narcissism." *Int. J. Psycho-Anal.*, 30.
- (1950). "A note on the psychopathology of confusional states in chronic schizophrenia." *Int. J. Psycho-Anal.*, 31.
- (1952a). "Notes on the psycho-analysis of the superego conflict of an acute schizophrenic patient." *Int. J. Psycho-Anal.*, 33.
- (1952b). "Transference-phenomena and transference-analysis in an acute catatonic schizophrenic patient." *Int. J. Psycho-Anal.*, 33.
- (1954). "Considerations regarding the psycho-analytic approach to acute and chronic schizophrenia." *Int. J. Psycho-Anal.*, 35.
- RUBINFINE, D. (1962). "On beating fantasies." *Int. J. Psycho-Anal.*, 46.
- SACHS, H. (1912). "Über Naturgefühl." *Imago*, 1.
- SCHAFER, R. (1968). "The mechanisms of defence." *Int. J. Psycho-Anal.*, 49.
- SCHILDER, P. (1930). "Studies concerning the psychology and symptomatology of general paresis." In: *Organization and Pathology of Thought* by Rapaport. (New York: Columbia Univ. Press, 1951.)
- (1935). "The libidinous structure of the body-image." In: *The Image and Appearance of the Human Body*. (New York: Int. Univ. Press, 1950.)
- SEARLES, H. (1963). "Transference psychosis in the psychotherapy of chronic schizophrenia." *Int. J. Psycho-Anal.*, 44.
- SEGAL, H. (1956). "Depression in the schizophrenic." *Int. J. Psycho-Anal.*, 37.
- (1964). *Introduction to the Work of Melanie Klein*. (London: Heinemann; New York: Basic Books.)

SPITZ, R. A. (1957). *No and Yes. On the Genesis of Human Communication*. (New York: Int. Univ. Press.)

— (1961). "Some early prototypes of ego defenses." *J. Amer. Psychoanal. Assoc.*, 9.

SPITZ, R. A. and WOLF, K. M. (1949). "Autoerotism." *Psychoanal. Study Child*, 3-4.

STÄRCKE, A. (1920). "The reversal of the libidinal sign in delusions of persecution." *Int. J. Psycho-Anal.*, 1.

TAUSK, V. (1933). "On the origin of the 'influencing machine' in schizophrenia." *Psychoanal. Quart.*, 2.

WAELDER, R. (1936). "The principle of multiple function." *Psychoanal. Quart.*, 5.

WAELDER, R. (1937). "The problem of the genesis of psychical conflict in earliest infancy." *Int. J. Psycho-Anal.*, 18.

WEISS, E. (1932). "Regression and projection in the superego." *Int. J. Psycho-Anal.*, 13.

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PRE SCIENTIFIC PROGRAMME 1969

A programme will again be organised by the British Psycho-Analytical Society in London. A reception will be held on Sunday, July 20th and scientific meetings will take place on 21st, 22nd and 23rd July. The morning sessions on these days will consist of seminars based on clinical case material presented by members of the British Society. The central feature of the afternoon sessions will be demonstration supervision by training analysts and students. The cases discussed will include children, adolescents and adults. Participation in the scientific meetings will be limited to foreign psychoanalysts and registered students. A small charge will be made.

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PSYCHOANALYTIC METHOD AND THE CONCEPT OF REPRESSION

DENIS O'BRIEN, MELBOURNE

Methodological studies have not been popular with psychoanalysts, as the need to understand our individual patient is usually much more pressing than the need to understand in theoretical terms how we go about our work. However Home (1966) has recently stimulated thought on this matter with such provocative statements as

Freud took the psycho-analytic study of neurosis out of the world of science into the world of the humanities.

On this Guntrip (1967) comments

The basic emerging problem is that of the status and nature of specifically psycho-dynamic studies

and adds that Home

pursued an important line of argument to its bitter end, and so highlighted all the problems involved.

In stressing the great importance of identification and empathic understanding, Home has disregarded some other, and possibly more "scientific" aspects of the analytic method. Many of these were considered by Rapaport (1967) who states succinctly

The method used determines what you get as observations and determines the theories you build upon them.

This paper is an attempt to examine one aspect of this determination; the relationship between observations made in the psychoanalytic situation and the concept of repression, by examining a definition of repression and the methodological issues which arise when we attempt to fit the observations to it.

Fenichel (1946) gives a comprehensive definition.

Repression consists of an unconsciously purposeful forgetting or not becoming aware of internal impulses or external events which, as a rule, represent

possible punishments for, or mere allusions to, objectionable instinctual demands.

This is a complicated statement—partly because it contains so many qualifications, but it can be easily divided into two parts, which are logically different.

The Happening —Not becoming aware, or forgetting previous awareness of internal impulses or external events.

The Explanation—This is unconsciously purposeful, because the impulses or events represent possible allusion to or punishment for, objectionable instinctual demands.

The happening should be directly observable, while the explanation need not be, and what we are to observe is fluctuation in the level of awareness of certain impulses or events. In general it is simpler to observe fluctuations in something than its complete absence, and this is certainly true of repression. What we usually observe is the end of repression, and less frequently its beginning; rather than observing the true "absence" itself. Perhaps we should also note that Fenichel does not actually mention anxiety, though this is I think implicit in the "explanation" as a motive for repression.

When we consider observing something, we must have a clear idea of the observational framework, as this determines to a considerable extent what we do in fact observe. In an attempt to clarify the situation regarding repression I have used Rickman's notion of one-body, two-body, ... n-body "psychologies"; and will consider what sort of observation is possible in the one-body and two-body situation.

In a one-body system the only observation possible is self-observation. The subject/observer may by introspection observe his thought processes, affects, and impulses; or by what has analytically been called the "split in

the ego", observe his own behaviour. The unreliability of this observational framework is well known, and yet it is the only way in which thought processes, affects, and impulses are directly observable. In all these situations we are aware that we have the information somewhere "It's on the tip of my tongue", but we are unable to retrieve it. Thus we are observing Fenichel's "forgetting of previous awareness". However it is doubtful if in this system we can observe "not becoming aware"; all we can observe are gaps—and this only with difficulty.

When we turn to the *two-body* observational system, the situation immediately becomes much more complicated. It can be structured in many different ways, while I doubt if we can attribute any structure to the one-body system. I would like to consider two possible two-body systems—one ideal and the other real. The ideal one is the position taken up officially by some behaviourists. We have a subject who behaves, and an observer who observes, probably records, and does nothing else. I do not believe that this sort of observation is possible without altering the subject's behaviour, but if we attempt to translate this *ideal* observer into the analytic situation as the analyst, I think it makes the situation clearer.

Given this impossible analyst, what would he observe? The situation is structured to ensure that verbal communication is maximal, and other forms of communication minimal, or ideally absent. Thus he would observe verbal behaviour. In relation to the patient's level of awareness, he would observe variation in verbal content, gaps or pauses in verbal flow; and possibly statements that the patient could now, or could not now remember something, that is, variations in the patient's level of awareness. He is unlikely to receive a report that the patient is now aware of something he never knew before, and cannot observe the patient "not becoming aware" of something—only of the gap that this has left.

If we make the situation slightly more realistic and allow the analyst to intervene as a participant, to point out the patient's non-verbal behaviour and thus make this verbal too, this widens the field of observation. It also alters it completely because the patient will frequently report that he was not aware of this behaviour. Similarly, if the analyst points out pauses or other alterations in the flow of words, or incongruities in the content, the patient will at times report that he was unaware of these facts.

This is at the simplest level making the unconscious conscious, and perhaps undoing

repression. The situation can be much more complicated (and more real) such as the analyst pointing out that the patient repeatedly forgets something, or repeatedly makes some action, and that this is regularly related to some other event, without changing the observational level. Incidentally, it seems to me that up to this point the two-body situation is observationally similar to, say, the physics of Galileo, and inherently scientific.

However, we all know that the situation as presented is incomplete, because the two-body situation also includes two one-body situations. Considering the analyst as observer he observes the patient's verbal behaviour in the two-body situation *and* his own mental processes in a one-body situation. Of course, the patient also observes similarly in the reverse direction—but owing to the structure of the analytic interview he is allowed to see very little. Now Home argues, and I think correctly, that at this level the analyst uses this double observation of the patient's behaviour and his own introspections to *understand* the patient in terms of his own feeling and motives. Home says rather elliptically that "mind is the meaning of behaviour"—meaning, I think, that the analyst forms a concept of the patient's mind in terms of his (the analyst's) internal understanding of the patient's behaviour. This leads to the dynamic model of a present balance of internal forces.

At this level we observe the patient's fluctuation of awareness or his recovering of awareness of impulses or events. We understand that the lack of awareness was due to anxiety evoked by allusion to instinctual demands. We understand this because we searched for evidence of anxiety in the patient's observed behaviour. We assume that the patient's anxiety feels the same as our own anxiety. Putting ourselves in his place we understand that lack of awareness would solve this sort of problem for us, and we thus attribute our fantasied conscious motivation to the patient as unconscious motivation.

Over a period, these dynamic constructs are extended in time and fitted together to give us a genetic construction. Treating the patient's verbal behaviour as evidence, we devise an idea of his developmental history and we do this by historical and not scientific method. We thus have a conceptual model of how the patient's objectionable instinctual demands were controlled by the defence of repression in the past. This seems identical to the process Collingwood (1946) describes when he says

History proceeds by the interpretation of evidence which exists here and now (as documents), and it is of such a kind that the historian by thinking about it, can get answers to the questions he asks about past events.

So far, I have suggested that the analyst as an observer uses a double observational method, viz. observing "inside" phenomena in the only place they can be observed—himself—and at the same time observing the "outside" of the patient's behaviour. He amalgamates these two logically different methods to produce a historical model of events occurring "inside" the patient extended in time. All this is complex enough, but when the analyst ceases to be an observer and intervenes with interpretations based on this historical model, the complexity increases alarmingly. As this involves the whole question of transference it is inappropriate to discuss it further here, apart from mentioning the fact that this gives the analyst further opportunities to assess the reliability of his concepts and if necessary to modify them.

However, even if we stop at this point, I feel that awareness of this "double" observational method clarifies the logical status of the concept of repression. What makes us speak of repression in any individual case is not only what we have observed in the patient, but also what we have observed in ourselves, so that though it can be conceptualised as something occurring in the patient, it cannot be adequately described in this situation alone.

Finally I would like to consider briefly the possible relationship of these methodological issues to Freud's changing use of the notion of repression in his theoretical models. His first model cs/pcs/ucs appears to me very much an "inside" view. The division of the mind into cs and ucs is what we are aware of in ourselves. Since this division is largely maintained by repression, this mechanism must have a central place in the theory. Thus I would suggest that this theory is based largely on the identificatory aspect of Freud's psychoanalytic observation. In fact, this viewpoint existed before he became an analyst as he wrote in 1893 (*Studies on Hysteria*):

Each individual hysterical symptom immediately and permanently disappeared when we had succeeded in bringing clearly to light the *memory* of the event

by which it was provoked . . . when the patient had *described* that event in the greatest possible detail and put the affect into words.

Thus the content is all important, and he was speaking from the normal viewpoint of the 1890's that mind = consciousness. His technique in the 1909 "Rat Man" analysis was very different though still far from "classical technique", and the change was towards the observation of verbal behaviour as well as content.

Freud said that he abandoned this first model, substituting the structural hypothesis, because of the logical difficulty of unconscious defensive activity being instigated by the system cs. However this logical difficulty had existed all along, and I wonder if the change was also due to his gradual change in technique, in the direction of observing the patient's verbal behaviour in the two-body situation.

Certainly the structural hypothesis seems to me a much more "outside" view of the patient. He is composed of ego, id, and superego, with various pressures between them, and whether these are conscious or unconscious becomes a matter of description only. The implication is that the analyst knows the disposition of these forces and can describe them; and whether the patient is aware of them or not is no longer of vital importance. This model corresponds much more to models in the physical sciences, and is, I suggest, much more derived from similar sorts of observations.

If I am correct in suggesting that change in observational emphasis partly determined Freud's change in theory structure, I think this also explains something else, namely, why he was unable to give up his original model completely, so that it lingers on like some partly repressed event, neither entirely forgotten nor entirely remembered. I would also suggest in opposition to Arlow and Brenner (1964) that it lingers on for a good reason, because the "inside" observations cannot be completely expressed in the "outside" theory. Perhaps, as Balint (1950) has suggested, both of these theories are inherently unsatisfactory because they describe a two-body situation in one-body terms. We see the inside of the patient in ourselves, and the outside of the patient in the transference, but so far have no theory which provides concepts to cover adequately both viewpoints together.

REFERENCES

- ARLOW, J. A. and BRENNER, C. (1964). *Psychoanalytic Concepts and the Structural Theory*. (New York: Int. Univ. Press.)
- BALINT, M. (1950). "Changing therapeutic aims and techniques in psycho-analysis." *Int. J. Psycho-Anal.*, 41.
- COLLINGWOOD, R. G. (1946). *The Idea of History*. (New York: Oxford Univ. Press.)
- FENICHEL, O. (1946). *The Psycho-analytic Theory of Neurosis*. (London: Routledge.)
- FREUD, S. (1893). *Studies on Hysteria*. S.E., 2.
- GUNTROP, H. (1967). "The concept of psychodynamic science." *Int. J. Psycho-Anal.*, 48.
- HOME, H. J. (1966). "The concept of mind." *Int. J. Psycho-Anal.*, 47.
- RAPAPORT, D. (1967). "The scientific methodology of psycho-analysis." In: *The Collected Papers of David Rapaport*. (New York: Basic Books.)
- RICKMAN, J. (1951). "Methodology and research in psychiatry." *Brit. J. med. Psychol.*, 24.

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TRICHOTILLOMANIA, TRICHOPHAGY, AND CYCLIC VOMITING

A Contribution to the Psychopathology of Female Sexuality

MELITTA SPERLING,¹ NEW YORK

There is little known psychoanalytically regarding the syndrome of hair-pulling and hair-eating. This is true also for the symptom of cyclic vomiting which presents a vague medical entity of unknown origin. Because of the fulminating course and the severe dehydration and acidosis which such patients develop during attacks, they present medical emergencies and are rarely seen by psychoanalysts, and in the free intervals they seem to function adequately and not to require treatment. I had the opportunity to treat psychoanalytically a patient with these symptoms and I would like to present analytic material which provides insight into the dynamics of these symptoms and of their role in the psychosexual life of such a patient. The technical aspects of this analysis, especially of the first three months of treatment, will be reported in another paper. Here I wish only to state that no parameters were used after the second month of analysis because it was found that any deviation from the strict analytic technique provoked severe resistances in the patient.

The patient was not yet 16 years old at the time analysis began. The cyclic vomiting had occurred suddenly after a party at the age of 13½ and was associated with anorexia nervosa. It was of a very severe nature and recurred with every menstruation, necessitating hospitalization with nearly every menstrual period prior to analysis and two hospitalizations during the first two months of analysis. She did not respond to any medical treatment including daily injections of a hormone especially prepared for her.

After three months of analysis when there had been a marked improvement of the cyclic vomiting and anorexia the patient began to talk about her preoccupation with hair. She revealed that she had been pulling and eating hair since early childhood. She would pull the

hair from places "where there was lots of hair", and when she developed pubic hair she would pull her pubic hair and eat it. She remembered that she was a bad eater and vomited as a child, but even at the times when she would refuse food she would eat the hair which she pulled. The vomiting and eating difficulties stopped or decreased considerably at age four when her brother was born, but the hair-pulling and hair-eating continued with increased intensity. As a little child she would also pull the wool from her blanket and hair from furs and eat it. Around the age of nine, when her mother had a hysterectomy, there was some decrease in this activity. At age 10½, when she had her menarche, she became overly concerned with the appearance of her hair, avoiding swimming and outdoor activities so that her hair "would not get wet and messed up".

She had an intense fear of bugs and ants. She was particularly afraid that they would fly into her mouth and that she would swallow them. She could never eat outdoors when in camp or at the beach. If the insects got on her skin or clothing she would wipe them off, but she had to close her mouth and stop breathing because she had the feeling that the insects would fly into her nose. This fear was not as strong as the one about her mouth. She said that the feeling of the hair was like a tickling, like swallowing an insect. Once in camp she had actually swallowed a bug, and she thought for a long time that she had it in her belly alive—adding that she "could still think that". She could feel exactly where the food was at any time; she could visualize it going down through the tube into the stomach. She would always see the food intact—not chewed or digested. When she ate hair she had this feeling; she knew exactly where it was, often feeling it getting stuck as if it would not go down. She had the idea

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that the stomach was a bag, that everything went into this bag and stayed there. She thought that the place for food, for the baby, and for the period were the same. She knew that the baby was attached to the mother by a cord, through which it was fed, but this was not the case in her fantasy. There everything was floating freely in the stomach-bag. There were no intestines in it. The hair in the stomach was dangerous, although she had no concrete idea what could come of it.

When she visualized a baby there were no sex organs on it; it was sexless. What had impressed her as a child about her parents' genital region was the hair. When she pulled hair from her head to eat she would think of her mother's genital hair. She did not know what was under the hair. She was very conscious about her body hair; up until the time she came for analysis she had not been wearing short-sleeved blouses or dresses because of the hair on her arms. She had started to shave the hair on her legs when she was not quite 14 years old. She shaved them every day, and she bleached the hair on her lips so that it wouldn't show. In this connection, her ideas that she was not built like other girls, particularly as far as breasts and hair, especially her pubic hair, were concerned, came to the fore. She felt that her breasts were not big enough and that she had too much hair, especially in places where girls don't have it. She had defended herself against such feelings by belittling the significance of breasts. She once said, "Breasts are not important. Men don't have breasts." And then, "I never saw my mother nurse, so of what use are breasts?"

Nancy had the idea that she had a ball of hair in her stomach. She had many fantasies, all very frightening, surrounding this ball of hair. One fantasy was that it would grow bigger and bigger until she burst. In another fantasy, the ball of hair was round like her mother's face with hair on it, and she explained "I have my mother jumping around in my stomach." Conception, in her mind, had nothing to do with genital intercourse. When she thought of sexual intercourse she thought of hair and the mouth into which the hair went. To have a baby to her meant to have a swollen stomach. She would visualize a round, swollen stomach of a woman without a face and she thought of the time when her brother was born when she was not yet four years old. She had the idea that the sex of the baby developed after birth. "Develop" was what she had always heard her

parents say to her, so how was she to know what she would develop? She had the belief that breasts were first inside and then penetrated the chest and grew outside, and this was also how the penis grew (and of course the hair) and she had expected to grow a penis.

In the second year of her analysis Nancy once made a drawing to show me how she still visualized a woman's insides. It was all one big bag. A tube led from the mouth into the bag. There were two openings—not in front and behind, but sideways—one for urine and one for "b.m." She denied the existence of a vagina. In the middle of the bag was the ball of hair from which she could visualize the baby coming out. Food was all around it and did not undergo change; she had no concept of digestion. There was no blood anywhere; there were no blood vessels or anything like that. She associated blood with operation or injury. She had no concept of ovaries although she had heard about them at the time her mother was operated on when Nancy was between eight and nine years old. She had overheard the doctor telling her father that he had also taken out one ovary, which her mother was not supposed to know. Nancy thought that they were two round balls inside the bag, and this is what she would feel on both her sides when she had pain during her period. She had the idea that each month one ovary "bleeds." She also felt that there was something wrong with her right ovary, and, therefore, every other month, when according to her theory the right ovary bled, this was particularly bad. She used to have pain in her right leg before menstruation because she thought that this was how the effect of the ovary manifested itself.

Nancy's mother, in order to stop her from eating hair, would tell her that she was harming herself and that she would get sick from it. When Nancy developed the cyclic vomiting her mother actually related it to this and the family doctor whom she had told about Nancy's hair-eating confirmed her belief. Mother had told Nancy about her operation, and explained that a cyst had been removed. She had told Nancy that she could feel the cyst through her abdomen, and that it was something round inside. To Nancy this had meant that her mother had had a ball of hair removed. When she got her period for the first time, the blood frightened her terribly. She thought of her mother's operation and thought that she would need an operation too. To her to have the period meant to have an

operation and to have the ball of hair removed. This is why she wanted to be in a hospital when she had her period so that if she needed an operation there would be no delay.

The question arises why Nancy developed cyclic vomiting at the age of 13½ and not at menarche when she was 10½ years old. A close investigation of the events surrounding the onset of the cyclic vomiting may contribute towards an answer to this question. In this connection, the analysis led back to the events at the party which precipitated the acute onset of Nancy's cyclic vomiting. Nancy thought it peculiar that when thinking about this party or when referring to it she would always say "when I first got my period", when actually her period had started three years prior to this incident. She could remember with unusual clarity all the incidents of this evening except the situation which immediately preceded her getting sick. It was at the beginning of the school year; she was a sophomore in high school and was 13½ years old. She was extremely age conscious, pretending to be at least two years older than she actually was. She was actually almost two years younger than her classmates. The boy who took her to the party was a blind date and was several years older than she. She could remember the dress she wore, even what she had eaten for supper. She had a peculiar feeling in her stomach when she left the house and attributed it to the lamb chops she had eaten. She remembered walking two blocks, then taking a taxi to the place where the party was. She felt very uncomfortable there. They were all older than she.

Nancy had on several occasions before, when speaking about this evening, mentioned that they had all been looking at an art book with pictures of nudes. She now realized that this was a distortion on her part. Whenever she had an opportunity to look at a nude body whether in a sculpture or a painting, she would find herself getting foggy. While she remembered clearly, as in a screen memory, every detail preceding and during the party, she could not remember what she had seen or what kind of pictures they had been looking at because of the "foggy feeling" she developed. She had also started her period unexpectedly during that party. When she took some ice-cream that was offered she became nauseous and began vomiting. She had to be taken home and continued to vomit and had to be hospitalized that night. This was her first hospitalization for cyclic vomiting.

Confrontation with the reality of seeing the

male genital and finding out about sexual intercourse and various sexual activities had the effect of a shock. She reacted to this experience as a boy might when viewing for the first time the female genital and experiencing acute castration anxiety. By displacing the emphasis from the penis to the pubic hair and by means of a fantasy that the penis, like the hair and the breasts, was inside and later penetrates and grows outside, she had tried to maintain the denial of the anatomical differences and the expectation of growing a penis herself. Such fantasies had been brought out in her analysis in various contexts. A fantasy which she revealed during the time of her engagement, when she had not yet had intercourse, but was pre-occupied with the thought of it, is of significance here. In this fantasy kissing is immediately followed by bleeding.

The coincidence of these experiences (looking at these pictures and being kissed by her boyfriend) with her menstrual period for which she had not been prepared that night, and which as we had learned was an intensely anxiety-provoking event under any circumstances, seemed to have had the effect of provoking an acute traumatic neurosis with the presenting symptom of cyclic vomiting. Bleeding then, starting with that party, became the signal to set off the cyclic vomiting. In the vomiting she was trying to rid herself of the hair-insects, that is the penis-semen-baby, in order to prevent an operation. That menstruation in certain girls is unconsciously experienced as a castration and punishment for masturbation is a well-established concept (Deutsch, 1944; Freud, 1931). Nancy actually thought that the pain and the bleeding were a punishment for touching herself. Later she realized that she had caused the pain by trying to hold in her faeces and urine during menstruation. We can assume that in this setting of intense stimulation, anxiety, and guilt, acute activation of Nancy's cannibalistic impregnation and fellatio fantasies, especially those associated with her hair-pulling and hair-eating, culminated in the symptom of cyclic vomiting.

The onset of the cyclic vomiting was followed by an abrupt termination of her overt masturbation but not of the hair-pulling and hair-eating. Together with the cyclic vomiting, in which she was trying to rid herself of the ball of hair which represented mother and all her parts (breast—penis—the baby) as well as her father's and brother's genitals, she also developed severe anorexia nervosa as a manifest defence against

her oral incorporative wishes. When she would start to vomit she would stop eating so that she would not vomit. When she had her menstrual period she would start vomiting, stop eating, and prevent herself from having bowel movements for fear "that everything would drop out of her". She was in the habit of looking for hair in her vomit.

In addition to the insectophobia, Nancy also suffered from a dog and cat phobia. At the time she came for analysis she had overcome her dog phobia by counterphobic mechanisms; in fact, she was quite attached to the dog which belonged to her brother. She liked to talk to this dog because it could not talk back to her. It had become clear in her analysis that the dog was a representation of the male and a substitute for her father and brother. The cat phobia was still very intense. She would scream and run at the sight of a cat. She remembered an incident when she was eight years old when she was eating in the car and a cat suddenly jumped into the car and pulled the piece of meat out of her mouth. She had been afraid of cats ever since she had been a little girl. She could never understand how people could touch and handle even little kittens; she could not look at them. She remembered an incident in camp when the girls in her bunk were teasing her. It was a hot summer day, she did not feel well, and she had just started her period. In anger she shook her arm and "accidentally" scratched a girl's face. Since then she has never touched anyone in anger, not ever her brother.

A series of cat dreams, some of a nightmarish character and recurrent, helped to bring to the fore Nancy's unconscious identification with the cat and in connection with this her very strong latent homosexuality. In one dream a cat was jumping at her face. She awoke in terror. She thought of her nails and said that they now looked more like a girl's nails—not too long and with red polish. She used to wear them very long and think of them as her weapons. Her boyfriend would complain that she was clawing him. When a girl once remarked "cats don't like water" she immediately thought of camp and that she never went into the water. Nancy had a compulsion to look at boys' genital areas. In this connection she thought of the cat and of herself pulling and eating hair. Up to the time of analysis Nancy did not have any girlfriends. She felt much more uncomfortable with girls than with boys. The fear of cats continued until the end of her second year of analysis when her

latent homosexuality could be dealt with more effectively.

Nancy had very strange bowel habits. She had never used the lavatory in school for defaecation, and rarely for urination. She avoided using a lavatory outside her home during menstruation and changing menstrual pads. It was the smell of her menstrual excretions that made her nauseous and caused her to vomit. She had a visual and olfactory memory from childhood of a chicken's insides being cleaned out. It was this smell that stuck in her mind and the smell of her menstrual excretions reminded her of it. She was also concerned about toilet noises. It was not the flushing of the lavatory but the noises she made. She was afraid that somebody could hear her. She had the idea that something would drop out of her if she moved her bowels during menstruation. She had the fantasy that babies came out from the rectum without bleeding. In her mind blood was associated with injury and operation. When she no longer vomited during her menstrual periods she would sometimes have dreams about vomiting. From one such dream she awoke very frightened. She had dreamed that there was blood in her vomit. This had actually happened to her on some occasions. Whenever she saw blood in her vomit she would become very frightened and stop vomiting immediately. Whenever she began menstruating, she withdrew into bed. She wanted to sleep through the entire period of menstruation. But she would soon awake with pain and vomit and with the same feeling of panic she wanted to escape by sleep. In this state she did not care what happened, how many injections she got; she was insensitive to it. She once got thirty injections during one menstrual period. She frequently had intravenous feedings at home; the needle would come out and she would infiltrate, but she did not care. She would usually end up in the hospital with almost every menstrual period.

At the beginning of the third year of her analysis Nancy became engaged to be married at the end of that year. It appeared then, and this was borne out in a seven-year follow-up, that this young man was a very good object choice. Nancy was aware that her mother was disturbed about her getting married. Shortly before the wedding her mother became ill and Nancy took over most of the responsibilities for the wedding and trousseau shopping. She had frequent daydreams about her wedding night. She had heard that the first night was the

decisive one. A favourite masturbation fantasy also dealt with this subject. In her daydreams she would elaborate in the minutest detail all the steps preceding intercourse—the wedding ceremony, the hotel room, the undressing, getting on the bed—but she never got to the act of intercourse. She could not accept the fact that the penis had to be inserted, and that she had a vagina. In her daydream the kissing was immediately followed by bleeding, and she would be in a fog, and that is where the daydream would end. When Nancy had intercourse with her fiancé for the first time, she reacted with relief and surprise: "I could not believe that this was all there was to it."

Nancy got married on schedule and has two children now. Of interest is the fact that she had hardly any morning nausea during her pregnancies as she had also been one of the few girls in college who attended gym classes during her menstrual period. She had given up the hair-pulling and hair-eating as well as the cyclic vomiting earlier in her analysis. She had achieved a remarkable degree of independence and detachment from her mother. She once remarked, "It just struck me, I am bigger than my mother. I used to think that she was the mightiest and wisest and that I could never live without her."

Discussion

Vomiting and feeding difficulties in early childhood are not uncommon somatic manifestations of a disturbed mother-child relationship. By the unconscious equation of food with mother the struggle with mother is acted out somatically by the child in the form of vomiting and eating difficulties. A detailed discussion of this subject, especially of the depressive aspects of vomiting and eating difficulties in young children, has been presented elsewhere (Sperling, 1954b, 1959). Nancy's eating difficulties and vomiting in early childhood, and in addition the hair-pulling and hair-eating, indicated that the mother-child relationship was very ambivalent from the start. The fact that Nancy's vomiting and eating difficulties improved dramatically after the birth of her brother would seem to be rather unexpected behaviour in such a situation. An event such as the arrival of a sibling, especially a male sibling, is known to precipitate rather than to alleviate such reactions in the older sister, especially when her relationship with the mother had been disturbed to begin with. I found that in girls with oral fixations—

and this was certainly the case with Nancy—such a situation, because of the intense oral greed and oral cathexis of the penis, leads to a particularly pathogenic penis envy and to a depressive disposition, or depressive reactions (Sperling, 1950a, b).

What had happened in Nancy's case? The occurrence of the symptom of hair-pulling and hair-eating during the anal phase and its increase during her mother's pregnancy and after her brother's birth when she was not quite four years old, seems to provide the explanation. It indicated a change in her relationship with her mother from the psychosomatic type (Sperling, 1954a), to a more overt acting-out type of behaviour to which I have referred (1963) as the fetishistic type. In the psychosomatic relationship (which originates very early in life) the child remains dependent on the mother for the gratification of all his needs. The mother remains indispensable to the child's very life. The mother in turn rewards this dependence with the special care and attention given to the child when he is sick but rejects the child when he is healthy and evidences strivings for independence from mother. This had been very evident in Nancy's case. Another important aspect of this relationship is that it permits the mother to gratify her own repressed pregenital (perverse) needs under the guise of illness of the child by the helpful ministrations to the sick child. Nancy's mother had an unusual preoccupation with vomit and vomiting which was a mixture of anxiety and fascination. Nancy had apparently always been aware of this. Once commenting about her dog who had been left alone and had vomited on the carpet, she said, "Even he knows my mother's soft spot." Her mother had always cleaned Nancy's vomit herself during the infantile period of vomiting and in adolescence. I have described (1949a, b) such preoccupation with stools and excretions from ulcerations in mothers of children with ulcerative colitis.

In the fetishistic relationship there is a change in the child's behaviour from the dependent (somatic) to the more independent (fetishistic) behaviour, with an attempt to separate from mother and to replace her by the magic use of the fetish. By the hair-plucking and hair-eating Nancy was doing just that, taking from her own body whatever she needed and would have wanted to receive from her mother. Preceding the hair-plucking and hair-pulling she had been plucking hair from furs and wool from blankets.

Such a change occurs usually as a result of a severe disappointment in mother and in a climate of instinctual over-stimulation. Nancy's parents were highly seductive and exhibitionistic and she had been allowed the closest bodily contact with them, father "comforting" her by lying in bed with her when she was already in analysis.

The birth of her brother was a severe disappointment to Nancy who was then in a premature phallic phase. Together with the increase in the hair-pulling and hair-eating activity, which became the dominant symptom until the onset of the cyclic vomiting, there was a change in Nancy's overt behaviour. She became overly mature, very ladylike, the delight of everyone, outshining and taking away all the attention from her baby brother. This was her way of aggressive competition with him and her mother. She could maintain herself with the aid of the fetishistic activity in this pseudo-independence and pseudo-maturity until puberty when the early onset of the menarche threatened to shatter her shaky equilibrium. Because of her hostile identification with mother, this meant to her that she would have to suffer mother's fate, that is, have an operation and have everything taken out of her. Consciously she tried to counter this event (the menarche) by thinking that she was different from other girls, that she had something that other girls her age did not have, and that she had something that even her mother did not have. She knew that her mother had had a hysterectomy and could no longer have menses or babies.

Changes in the relationship with her mother were then taking place. She was coming closer to her mother in an intense phobic attachment. Her mother would now take her to school and call for her; she never went shopping or anywhere without her mother until after she had been in analysis for some time. It was apparent that this behaviour met her mother's needs. Nancy's brother by this time was of school age and the mother needed a cover for her own concealed phobia. Nancy now became her mother's big project, and she and mother from then on lived in a kind of *folie à deux*, in which there was no room for anyone else. Mother shared in Nancy's work and early dating. In fact, she did Nancy's work and controlled her school life. Nancy reported to her mother every detail of her experiences with boys. This obviously gratified certain needs of the mother, who had never dated any other boy except her husband. Nancy never had a girlfriend.

The traumatic experience at 13½ with the onset of the cyclic vomiting reestablished the psychosomatic relationship between Nancy and her mother. Nancy was now completely dependent upon her mother in reality and could rebel against her and attempt to free herself only in the somatic symptoms (vomiting and anorexia). Nancy's analysis revealed that she had been alternating between these two attitudes in relation to her mother throughout and her contradictory behaviour and symptomatology could be understood on this basis. The further significance of this event (onset of menses) will be discussed later in connection with the dynamics of the cyclic vomiting.

At this point, I would like to take up first the problem of fetishism and hair-plucking and hair-eating. Elsewhere (1963) I have expressed doubt whether hair-pulling and hair-eating can be considered a true fetishistic activity. The hair, (like the nails), is replaceable, thus satisfying a main requirement of the fetish. In addition, hair is an exquisite bisexual symbol (Sperling, 1954a). I want to emphasize that I am speaking here of childhood fetishes, as described in my paper, and not of fetishism as a perversion. In this sense, the fetish serves to undo separation from the mother on a pregenital level. The fetish is an external object to which the child turns his libidinal and aggressive cathexis.

The situation is somewhat different in hair-plucking and hair-eating because here the aggressive and libidinal drives are turned against the self. Yet it was quite obvious in Nancy's case, and this was also the case in the children described by Buxbaum (1960), that the hair represented the mother in a part-object relationship. A discussion of the processes of internalization and externalization in fetishism would be of interest in this connection, but cannot be taken up within the context of this paper. In Nancy's case the disturbance in these processes was reflected also in her somatic behaviour—especially in her anorexia and vomiting, and in the choice of her fetish, hair, which is partly inside and partly outside the body. It is possible that on the oral level, when there is still insufficient differentiation between self and mother, the fetish could be part of the child's body. There seem to be dynamic interrelations between fetishism and certain forms of addiction—such as alcoholism, or smoking—and certain so-called habits, e.g., pulling and eating skin, mucus, nail biting, etc. Like fetishes of the oral and anal level, which serve to alleviate

separation anxiety, drugs, alcohol, etc., and the compulsive habitual practices would seem to have a similar function.

To Nancy the hair, like a fetish, had different meanings on different levels. That the hair represented the mother and especially the pregnant mother, was brought out clearly in the fantasy of the ball of hair representing the mother's round face with hair and the fantasy of having the mother jumping around in her belly. This was an oral, cannibalistic impregnation fantasy in which Nancy had identified with her mother in reversing the roles. While her mother had the baby jumping around inside the belly, Nancy had her mother jumping around in her belly. Hair to Nancy represented something which was alive; eating hair was like eating live insects, which she later identified as sperm and considered as something alive. This was another version of her cannibalistic, oral impregnation fantasy. Hair lends itself particularly well to represent this because of the quality that it grows in places where there has been no hair before and also that it grows back when pulled out and that short hair grows longer.

On the anal level, hair represented the contents of the mother's belly. In one of her fantasies she would see the hair just floating around in the stomach bag. This would frighten her. She had very strong unconscious coprophagic impulses, brought out in connection with the memory of a chicken's insides being cleaned out, and in many dreams and associations. The smell of this she had attached to the smell of her menstrual excretion, and it became an olfactory signal precipitating the cyclic vomiting. On the phallic level, hair represented her mother's hidden (by the pubic hair) penis and her father's penis (surrounded by hair). In this connection the masturbatory practice of a patient with manic depressive psychosis is of interest. This woman would pull out her pubic hair, burn it, and have orgasmic feelings when smelling the burnt hair. Here also the smell was the olfactory signal and related to the patient's reaction to the death of her (rival) brother, who had been burned in an automobile accident (Sperling, 1950b). Another patient who among other symptoms also had severe insect phobia and dysmenorrhoea, had conscious impulses to eat her menstrual excretions.

I should like now to discuss further the event which set off the cyclic vomiting when Nancy was 13½ years old. We found that it was not only experienced as an acute castration trauma but as

a confrontation with an intense and, as it must have appeared to Nancy then, insoluble conflict. To accept her femininity did not only mean to accept castration—that is, to lose the illusory penis—but meant to lose mother. Nancy even consciously felt that she could not live without her mother. Nancy could not identify with her mother as a female, because this entailed the danger of having her “insides” taken out. It was safer not to grow up, not to be a girl, but to remain attached to her mother. She had to have, that is, to possess her mother. She did not have a true positive oedipal relationship with her father. She had defended herself against the positive oedipal feelings by denying genitality and holding on to her pregenital sexual fantasies. In such a situation, the father by the unconscious equation of breast-penis (hair) and mouth-vagina-anus becomes identified with the phallic-omnipotent mother and becomes what I have referred to as the “pregenital father”. In this way, Nancy could be close and hold on to both her mother and father (Sperling, 1950a). In the first year of analysis Nancy realized this, saying “my problem is not only boys but even more so girls”. Her latent homosexuality became more apparent when she shared a room with another girl in college and could be successfully analysed. She liked to sit in the bathtub for hours thinking strange thoughts about her mother; especially when she felt depressed and cold she would withdraw into a warm bath tub.

Although her masturbatory fantasies were overtly heterosexual, Nancy knew better, telling me that in these fantasies she was playing both parts—the boy and the girl. This was very similar to her behaviour in real life where she dated boys and pretended to be an even more mature girl than the others. Still at the time when she was engaged she had dreams in which she found herself at the wedding ceremony but it was “the wrong boy”. She would awake in anxiety to realize that she still wanted her mother and any boy was “wrong”. Only the persistent analysis of this relationship with her mother and especially of the homosexual aspects of it made it possible for Nancy to free herself and to feel that she could live and function without her mother.

Concerning the symptom of cyclic vomiting, one might be inclined to consider it as a revival of the infantile vomiting. What was taken over from childhood was the psychosomatic mode of dealing with overwhelming unconscious impulses, conflicts, and anxieties. Analysis

revealed that the cyclic vomiting was a conversion symptom based on specific unconscious (pregnancy, fellatio) fantasies and expressing both id wishes and superego demands (Freud, 1917). This is in accordance with my findings in other psychosomatic disorders (Sperling, 1949a, 1953, 1955, 1960, 1964b).

Nancy's cyclic vomiting was usually preceded by a dry cough. When vomiting she had the feeling that something was stuck in her throat and that she had to get it out. She once towards the end of her analysis had an acute gastrointestinal upset and vomited. She remarked on how different this felt from the cyclic vomiting she used to have.

As with every psychosomatic symptom, so in Nancy's case also, the cyclic vomiting had the effect that she became more dependent on her mother in reality, while attempting to free herself unsuccessfully in the somatic symptom—ridding herself of her mother in the vomiting.

Review of the Literature

A review of the literature revealed only one reference on cyclic vomiting which is of relevance.

Chester (1962), reporting on the treatment of a 15-year-old girl with cyclic vomiting also noted the phobic dependence on mother, the fear of growing up, and the reaction to menstruation as a repetition of the castration trauma.

There are only a few publications on trichotillomania which are of psychoanalytic interest. Three of these appeared in 1965, after completion of my paper. Winnik and Garbay (1965) describe two patients who developed trichotillomania in adolescence. The authors stress the pregenital factors, especially auto-aggression, the role of the hair as a fetish precursor, and its defensive use against castration anxiety.

Ilan and Alexander (1965) stress the oedipal

factors and the turning of castration impulses towards the self in two adolescent girls. In none of these cases, however, was the hair eaten.

Greenberg and Sarner (1965) observed 19 cases, 84 per cent of which were adolescent girls. Six cases were studied in intensive psychotherapy. The authors were so impressed with the interaction between mother and child that they referred to this relationship as a "hairpulling symbiosis".

Of the earlier publications the brief report of Seitz (1950) is of interest from the standpoint of early conditioning. He observed trichotillomania in a 2½-year-old girl. She was weaned at one year and developed the hairpulling at 1½ years of age during a period of punitive toilet training, when she refused solid food and insisted on milk from the bottle. She pulled her hair only while sucking on the bottle. She did not eat the hair but tickled her nose with it. When a hair was put on the nipple of the bottle so that it tickled her nose, she did not pull her hair. She had been nursed for the first two weeks of her life by her mother whose breast, as examination revealed, was hirsute.

Baharel's (1940) observations were made on institutionalized psychotic patients. He stressed the role of the castration complex and of depression.

Monroe and Abse (1963) report observations from the psychotherapy of a 22-year-old woman with trichotillomania and trichophagy. They noted the pathological relationship between the patient and her mother. They stress the marked pregenital fixations and the self-punitive and depressive aspects of this syndrome in their patient.

From this survey of the literature it would appear that Nancy is so far the only analysed and successfully treated case (with a seven-year follow-up) of trichotillomania and trichophagy and of cyclic vomiting.

REFERENCES

- BAHAREL, H. S. (1940). "The psychopathology of hair-plucking." *Psychoanal. Rev.*, 27.
- BUXBAUM, E. (1960). "Hairpulling and fetishism." *Psychoanal. Study Child*, 15.
- CHESTER, A. S. (1962). "Psychodynamic mechanisms in children and adolescents with cyclic vomiting." Paper read at the Midwinter Meeting of the Amer. Psychoanal. Assoc.
- DEUTSCH, H. (1944). *Psychology of Women* Vol. I (New York: Grune & Stratton).
- FREUD, S. (1917). "The sexual life of human beings." *Introductory Lectures on Psycho-Analysis* Part III. S.E. 16.
- FREUD, S. (1931). "Female sexuality." S.E. 21.
- GREENBERG, H. R. and SARNER, C. A. (1965). "Trichotillomania: symptom and syndrome." *Arch. Gen. Psychiat.*, 12.
- ILAN, E. and ALEXANDER, E. (1965). "Eyelash and eyebrow pulling." *Israel Annals of Psychiat.*, 3.
- MONROE, J. T., Jr., and ABSE, D. W. (1963). "The psychopathology of trichotillomania and trichophagy." *Psychiatry*, 26.

SEITZ, P. (1950). "Psychocutaneous conditioning during the first two weeks of life." *Psychosom. Med.*, 12.

SPERLING, M. (1940a). "Analysis of a case of recurrent ulcer of the leg." *Psychoanal. Study Child*, 3-4.

— (1949b). "Problems in analysis of children with psychosomatic disorders." *Quart. J. Child. Behav.*, 1.

— (1950a). "The structure of envy in depressions of women." In: *Feminine Psychology* (Proc. New York Med. College, March 1950.)

— (1950b). "A contribution to the psychodynamics of depression in women." *Samiksa*, 4.

— (1953). "Food allergies and conversion hysteria." *Psychoanal. Quart.*, 22.

— (1954a). "The use of the hair as a bisexual symbol." *Psychoanal. Rev.*, 41.

— (1954b). "Psychosomatic medicine and pediatrics." In: *Recent Developments in Psychoso-*

matic Medicine ed. Cleghorn and Wittkower. (London: Pitman.)

SPERLING, M. (1955). "Psychosis and psychosomatic illness." *Int. J. Psycho-Anal.*, 36.

— (1959). "Equivalents of depression in children." *J. Hillside Hosp.*, 8.

— (1960). Contribution to Symposium on Disturbances of the Digestive Tract: "Unconscious fantasy life and object-relationships in ulcerative colitis." *Int. J. Psycho-Anal.*, 41.

— (1963). "Fetishism in children." *Psychoanal. Quart.*, 32.

— (1964a). "A case of ophidiophilia." *Int. J. Psycho-Anal.*, 45.

— (1964b). "A further contribution to the psychoanalytic study of migraine and psychogenic headaches." *Int. J. Psycho-Anal.*, 45.

WINNIK, H. Z. and GARBAY, F. (1965). "On trichotillomania." *Israel Annals of Psychiat.*, 3.

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COGNITIVE DEVELOPMENT¹

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Introduction: Three stages in the approach to mental illness.

As perhaps often happens, I became preoccupied with a problem—in this case the problem of cognitive development—without knowing why it was of such interest to me. I subsequently discovered some of the reasons, and by way of introduction will outline what seems to me the most rational one.

Briefly then, and with a good deal of oversimplification, I think I became preoccupied with cognitive development as the result of reaching the third of three stages in my approach to mental illness—stages which very roughly reflect successive attitude which were fairly common in the psychoanalytic movement as a whole.

In the first stage, 40 or 50 years ago, my dominant assumption would have been that *mental illness is the result of sexual inhibitions*. This may be profoundly true; but naively understood can lead to very superficial analysis. Moreover, in a subtle way, it can encourage a patient to adhere to the unconscious belief that, instead of giving up his Oedipus complex, he can realize it with the analyst's help and so be master of the world.

In the second stage, 20 to 25 years ago, my dominant assumption would have been that *mental illness is the result of unconscious moral conflict*. This supplements, rather than contradicts, the earlier view, and implies a better understanding of Freud's concept of the superego with Kleinian additions about the complexity of the early ego-superego relationship. In particular, a harsh superego is thought of as the result, less of a harsh upbringing, than of an "intra-psychic paranoia" (if I may coin the word). The receipt, therefore, is to try to get the patient to reintegrate the projections which distorted his superego—a process which precipitates what Klein called the depressive position, and provides a motive in depressive

guilt for curbing attacks on improved internal figures.

In the third and recent stage, my dominant assumption is that *the patient, whether clinically ill or not, suffers from unconscious misconceptions and delusions*. As before, this assumption supplements rather than supersedes the other two: the patient's inhibitions are a product of his misconceptions, and his harsh superego is itself a misconception. But it is not the only one. I now often get the impression that the deep unconscious, even of apparently normal analysts, is simply riddled with misconceptions, particularly in the sexual sphere. Where, for example, I would formerly have interpreted a dream as a representation of the parents' intercourse, I would now more often interpret it as a *misrepresentation* of this event. Indeed, every conceivable representation of it seems to proliferate in the unconscious *except the right one*.

Such misconceptions of the primal scene used to be attributed to the external impediments put in the way of the child's sexual curiosity. But I am now convinced that, like other animals, he is innately predisposed to discover the truth, and that the impediments are mainly emotional. Indeed, these impediments are by now much better understood. I think, too, we are on the edge of understanding the innate process of cognitive development against which they operate—often with fantastic strength. (See, for instance, what Bion (1962) has written on the conflict between K and —K).

My aim has been to outline a theory of this interaction (between our perception of truth and the will to distort it). In doing so, I found I could widen its scope to include unconscious (non-psychotic) delusions—in particular, disorientations—as well as misconceptions. But all I have really done is to suggest two new "hooks" to hang a lot of existing theory on, and even this work is very incomplete. The two hooks relate to the two mental tasks any newborn animal has

¹ This paper was read before the British Psycho-Analytic Society at a meeting on 6 December 1967.

to perform if it is to survive: the acquisition of a few, I believe innately predetermined, concepts (or class notions), and, what is not innately predetermined, the location of their members in a space-time system. I will now try to explain what I mean by this.

Concept building

As my starting point, I take from Bion (1962, 1963) the notion of an "innate preconception mating with a realization to form a conception"; and from Schlick (1925) the view that acquiring knowledge consists, not in being aware of sensory-emotional experience but in recognizing what it is. If this means recognizing something as a member of a class, or subordinating it to a concept, Schlick's and Bion's approaches seem to be similar—except that Bion starts with concepts (or preconceptions) which are in some sense innate.²

Of course there are enormous difficulties. The 2,000-year-old problem of universals, that is, general notions, is involved. On the one side are the nominalists to whom a class is no more than the common name we give to a number of similar objects or events, or perhaps a convenient logical fiction. On the other, are the realists, descendants as it were of Plato, to whom a class is an ideal laid up in heaven, which we are reminded of whenever we see an imperfect copy. Plato's *Ideas*, then, would seem to be the mythical forerunners of Bion's "Innate Preconceptions".

The difficulty in accepting their existence springs, I think, from the impossibility of imagining them. We can imagine a particular dog, we can imagine a mongrel having qualities taken from many particular dogs; but this is no more than a kind of visual symbol, or name, for the concept "dog in general" which we cannot imagine.

An innate preconception, then, if it exists, is something we use without being able to imagine it. I think of it as having some of the qualities of a forgotten word. Various words suggest themselves to us, which we have no hesitation in rejecting, till the right word occurs which we recognize immediately. I think this is what Bion means by an "empty thought". It is also something which, though it cannot be imagined,

can be described as analogous, say, to a form waiting for a content. We may assume its hypothetical existence, develop a theory from this assumption, and see whether the theory so developed fits, and helps to clarify phenomena observed in psychoanalysis.

So far as our present knowledge goes, the first innate preconception to operate in a new-born baby is presumably one of a breast or nipple. Or rather, since the opposite emotions of love and hate may be supposed to colour the preconception from the beginning, of a good breast and a bad one. The two classes, defined negatively as excluding what does not frustrate on the one hand, and as what does not satisfy on the other, cover a wide range: a number of objects could be *recognized* as members (or in Bion's terms, could mate with them). But whatever is first recognized as such—a particular breast or bottle given in a particular way—would seem to have the effect of narrowing the class. A memory image of the first member to be recognized acts as a kind of name for the class; but being analogous to an onomatopoeic name, it limits what can be recognized as members to objects that resemble it fairly closely. At any rate, the baby can now be satisfied only by the good breast it has had before, and not by an alternative which would have satisfied it if this had been offered in the first place. A class represented by a memory image functioning as a name is a concept. It differs from an innate preconception in that it results from the mating of an innate preconception with a realization (Bion), or what is the same thing, from the primary act of recognizing a member of an innate class. The process would appear to be the same as that observed behaviouristically by ethologists and called "imprinting" by them.

Side by side with the development of a concept of a breast, or more specifically, of a nipple, we may suppose the development of a concept of something which receives, or contains, the nipple, that is, a mouth—though the "psychic flow" can be felt to be in either direction. From these two concepts, it would seem that all, or almost all, of the vast number of concepts we employ are ultimately derived by processes of division and combination (splitting and integration).³ Moreover, I have the strong impression that the

² Whether these are thought of as the product of some kind of racial memory or of cerebral variation and selection is perhaps psychoanalytically irrelevant. Personally, I think of them as products of variation and selection.

³ In taking "nipple" and "mouth" as the two most primitive concepts I do not wish to exclude the possibility that they may themselves be derived from still more primitive ones, or that we may eventually be able to reconstruct the psychology of the developing foetus.

next steps in the construction of a set of basic concepts does not depend solely on external experience, but is itself innately predetermined. The original innate preconception of the good and bad breast or nipple seems itself to undergo a spontaneous differentiation and to bud-off, as it were, other innate preconceptions—in particular, those of a good and a bad penis. If so, the mouth concept is correspondingly differentiated into mouth and vagina. Or it may be that a mouth preconception differentiates into preconceptions of mouth and vagina, and precipitates a corresponding differentiation in the nipple concept. The exact procedure must be extraordinarily complex; but the experience of seeing a patient, who has failed to achieve such differentiations in infancy, begin to make them in dreams occurring in analysis—penis differentiating from nipple, vagina from mouth and anus, and so on—has convinced me that what I am trying to describe does, in some form, normally take place in the first few months of postnatal life.

Assuming as I do that further innately determined differentiations within the two basic innate preconceptions occur in the first few months of postnatal life, and that even a civilized environment provides objects to be recognized as members of the several classes so formed, a baby must be assumed capable of quickly learning to understand the basic structure of all the essential facts of life. In particular, he should be capable of understanding—though not of course in a fully adult way—the relation between his parents, and the way in which other rival babies may be made. Indeed, I believe that, if he does not preconsciously begin to understand this by the time he is about six months old, he never will, nor will his adult sexual life be normal—at least not without the help of prolonged analysis.⁴

Bion has described psychotic mechanisms which attack concept building at its source, so that the "thought" of an absent object—originally, the breast—is not formed and thinking is impossible. I am concerned here with the lesser disturbances which distort concepts rather than prevent their formation altogether and which distort them mainly for the purpose of evading the Oedipus complex. What actually seems to happen is that, while

part of the developing personality does learn to understand the facts of life, suffers the pains of an Oedipus complex, discards it from guilt, becomes reconciled to the parental relation, internalizes it and achieves maturity, other parts remain ignorant and retarded. Quite often, no part achieves this kind of cognitive maturity. An individual in whom all parts have achieved it exists only as a standard of cognitive normality which no one quite achieves.

The reasons for the partial failure are to be found in Freud's "Two Principles of Mental Functioning" (1911). The infant, or some part of the infant, fails to recognize what is intolerable to him. There may be a primary failure to recognize a member of an innate class, in which case the corresponding concept does not form. A vital term in the vocabulary of thought is missing. In this way, primal envy of the kind described by Klein (1957) may prevent the formation of the concept of a good breast. (The concept of a bad one always seems to form). Or if the concept is formed, envy may prevent the subsequent recognition of its members. So a patient may feel that good analysts (breasts) exist, but the analyst (breast) he has is almost never it. The recognition, or re-recognition, of a good penis seems to be a commoner failure, presumably because of the pain of jealousy as well as envy which the recognition would arouse. This, however, can be evaded if the child deludes himself into the belief that this object is given to him and not to his rivals. A similar difficulty seems to impede the formation of the concept of a good vagina; though there is always a concept of a bad one endowed with cannibalistic aims and/or "sphincter sadism".

Psychoanalytic observation of the way a patient, who is "cognitively retarded", begins to develop missing concepts in dreams—penis and vagina separating themselves from nipple and mouth, further developing into a concept of parental intercourse etc.—can be recognized as fitting the theory fairly well. But the theory has to be extended to fit another observation. Such patients do not suddenly become aware of these concepts in a form available for use in catching up on their own retarded sexual development. This may come later. In my experience, the new concepts are likely to be

⁴ The exact dating of early stages reconstructed in analysis is made more difficult because parts of the self, e.g. an oral part, which are split off and do not undergo emotional development seem to be yet capable of

acquiring knowledge belonging to later periods, e.g. the oedipal one. This may retrospectively intensify the oedipal element in the oral stage.

noticed first in what may be called "dream ideographs". But these ideographs themselves often seem to have forerunners in physical manifestations, which are sometimes hypochondriacal. For example, a transient series of slight jaundice attacks occurred in a patient each heralded by a physical sensation suggesting a psychosomatic constriction of the bile duct, and seemed to alternate with, or be replaced by dreams which suggested oedipal attacks, by constriction, on an early part-object representation of parental intercourse. The evidence was at first more convincing to the patient than to myself; but it certainly looked as if the jaundice had represented, in a concrete way, the same oedipal fantasy as was later represented ideographically in the dreams. The whole episode seemed to me to be a physiological expression of the rule, discovered by Segal (1957), that "symbolic equation" precedes the use of symbols, especially in dreams, as a primitive form of representational thought—that is, in the use of images to represent objects and situations which are not at the moment present to the senses.

To fit such observations, the theory of conceptual development has to be extended to include, not only growth in the number and scope of concepts, but also the growth of each single concept through at least three stages: a stage of concrete representation, which strictly speaking is not representational at all, since no distinction is made between the representation and the object or situation represented; a stage of ideographic representation as in dreams; and a final stage of conscious, and predominantly verbal, thought. (I think these stages have some affinity with Bion's (1962) much fuller list of stages in sophistication. But the shorter list is meant to stress stages, not so much in sophistication, as in degrees of consciousness).

Going back to my primary assumption that *recognition* is the basic act in cognitive development, successful development would now seem to depend on two types of uninhibited recognition: first, the recognition of members of innate preconceptions, and second, the recognition of emotional experiences at one level of consciousness as members of concepts already formed at a lower level. In other words, given an object, say father's penis, of which a thought has to be formed if conceptual maturity (and normal sexuality) is to be achieved, I am suggesting that the development of this thought normally goes through three stages: concrete identification, unconscious ideographic repre-

sentation, conscious, predominantly verbal representation. If the last stage is reached as it were theoretically, without going through the other two, the resulting concept would seem to be unserviceable for emotional development.

But the same sort of emotional impediments which operate against the formation of a concept in the first place also operate against its development from one mental layer to another. When a concept is not available to complete an act of recognition, its place is usually taken by a misconception.

I will try to illustrate some of these points from an example already quoted in a previous paper (in the British Psycho-Analytical Society's Scientific Bulletin). A woman who had always maintained that her mother was "warped in mind", by which she meant "frigid", dreamed that "she was upstairs with her mother and in a happy frame of mind till she suddenly realized that the woman in the flat below, who was 'warped in body' (through illness), was receiving an attractive lover. From that moment everything went wrong. Murders of an old woman and a little girl were committed or impending. The attractive lover was suspected of these; but a cat masquerading as a baby was felt somehow to be responsible". If scanned in terms of conceptual theory, the following conclusions seem to follow: the dreamer's baby self had, at the ideographic level, a concept of a good breast and was capable of *recognizing* herself as enjoying it (upstairs with mother and in a happy frame of mind). She had never had, or had lost, a concept, at the same level, of a good parental intercourse, or if she had, she had refused to *recognize* her own parents' intercourse as an example of it (the woman in the flat below, that is, the lower part of her mother, was "warped" or frigid). But, in the dream, this devastating *recognition* momentarily occurs (to her astonishment the woman in the flat below receives an attractive lover). She has a concept of murderous jealousy, but is unable to *recognize* herself as in this state. Instead, she projects it into her father (the attractive lover who is thought to be murdering the old woman and little girl, her mother and herself). In this way, a misconception of the parents' intercourse as a murderous assault takes the place of the correct conception.

It is very clear that it is this projection of murderous jealousy, much more than the evidence of any actual quarrels between her parents, that had prevented her from either forming a

concept of a good parental intercourse, or of recognizing her own parents as enjoying one. In fact her parents appear to have been happily married, so the misconception is formed in the teeth both of an innate preconception and of experience. Yet there is a part of her that does recognize the murderer correctly as her baby self, the cat. But this is immediately split off and projected—as a defence against the depressive position.

System building

Coming now to the second of the two new hooks to hang old theory on, the baby has not only to form a number of basic concepts in terms of which he can recognize the "facts of life", but also to arrange their members in a space-time system. Now a system is itself a complex concept but it seems reasonable to treat the two tasks separately since there appears to be a fundamental difference in the role instinct plays in each of them: if basic concepts emerge from innate preconceptions, only experience stimulated by innate curiosity, can locate their members in a space-time system.

There are two main systems to consider, one to represent the outer world in which we have to orient ourselves, the other, originally an internalization of this, develops into an unconscious system of religion and morality.

Again Bion (1965) has described psychotic mechanisms which attack the sense of time, so that a space-time system cannot begin to form. I am concerned with lesser disturbances which give rise to various kinds of "disorientation"—a term I use to cover a fairly wide range of phenomena. Essential to the sense of orientation in either system is that it has a base, the O of co-ordinate geometry. This appears not to be normally the body-ego, but something to which the body-ego orients itself as its "home". The first base, from which all others would seem to be derived, is the first object to emerge from the new-born infant's sensory confusion, namely the breast or perhaps specifically the nipple. The first space-time divisions to develop are three-fold: a period of enjoyment (being fed), a period of remembrance (having been fed) and a period of expectation (going to be fed). For this can be inferred from the way so many patients orient themselves in exactly this three-fold manner to their daily session.

From the beginning, the capacity to retain a latent memory of the external world system seems to depend on a capacity to internalize

the base, at first in a very concrete way. A patient who wished to forget the analytic breast, dreamed that "she was going to have an operation to remove a small nipple-shaped lump on her head". That is, to forget it, she had to have the internal nipple concretely removed. I suppose the sense of concretely containing the lost object to be a necessary forerunner of its unconscious ideographic, and finally its conscious verbal representation. In the dream, the concrete stage is itself represented ideographically. Though much is still very obscure and the exact dividing-line is difficult to mark, the division between the inner- and the outer-world systems must be related to the division between concrete pre-representational thought in terms of "internal objects" and some stage of representational thought.

What is easier to follow is the development of the base, both internally and externally, from breast or nipple to mother as a whole person, to the combined parents, to the idea of a home, a country one belongs to, and so on. So long as the inner and outer relation to these is preserved, we are never disoriented, and to this extent are preserved from acute anxiety attacks. But orientation to the base is easily lost in several ways. I am not concerned at the moment with the ways in which the good base can turn "bad" by the infant projecting his own aggression into it so that it is misrecognized as bad. Apart from this, the orientation to the good base can be lost in at least three ways: the baby can get into it by total projective identification, either out of envy or as an escape from a persecuting outer world; he can get oriented to the wrong base, in the sense that it is not the one he really needs; or he can become confused in his orientation because his base is confused with a part of his own body.

I will try to give examples of each of these in turn. As to the first—the delusion that one is the base—Rosenfeld (1965) and others have explored its extreme forms in psychosis where the patient becomes totally confused with the analyst. In less extreme forms, the same mechanism is recognizable in those "egocentric" or "geocentric" states which result from a partial failure to outgrow the delusion of primary narcissism. The normal, or sane solution involves a humiliating recognition of one's littleness, followed by a grateful dependence which ends, after weaning, in the internalization of the lost good object.

Some people, however, especially if their

actual abilities and real success enable them to give substance to their delusion, retain it all their lives. These are the narcissistic men or women who live in projective identification with father's idealized penis or mother's idealized breast. Far commoner, in patients (and to some degree in all analysts) is the sense of having lost, through actual failure, this blissful state. Their unconscious analytic aim is, not to outgrow, but to restore it. For example, a woman dreamed "that she was lying on a couch (as if in analysis); but that (instead of having an analyst) she had a patient, lying at right angles to her with his head close to hers. Then he annoyed her by trying to snatch the pillow". Assuming, as I think we may, that her "patient" in the dream was really her analyst, the position of the dreamer's head and mouth, close to the head of the analyst-patient lying at right angles, strongly suggests that the experience of being analysed revived a memory of her infant self feeding at the breast. But the experience is painfully humiliating, and is reversed. It is she who is feeding (analysing) the analyst. In other words, the dream is an attempt, under the dominance of the pleasure principle to deny the reality which, nevertheless, threatens to break through the unconscious delusion; for the analyst claims the pillow—that is, claims to be the breast. Similarly, another patient dreamed "of an Indian woman exhibiting herself in a very sexy way on the top of a hill". There seemed little doubt that the Indian woman represented the seductive brown nipple. But the patient recognized her as a repudiated aspect of herself, that is, it is she who is the nipple. Or again, yet another patient dreamed that "she is holding forth and paying no attention to the little Professor who should be giving the lecture". She has taken the place of the nipple, and relegated it to an inferior position. (I know this interpretation without evidence must seem unconvincing. But my assumption that I was the "Little Professor" ultimately standing for the nipple was based on my general impression of the patient built up over a long period. For example, we were already both convinced that she had been very well fed as a baby, but had resented what she felt to be her mother's dominating way of feeding her. In most relationships, she resented not being the "senior partner", and had, I felt sure, resented it in her first relationship to the breast).

Closely related to the delusional projective identification with the mother's breast or nipple, is the delusional projective identification

with the father's penis. A man dreams, for example, that "an admired senior is performing a difficult feat on a stage which consists in standing at an angle of 45 degrees and producing fire from his head. To his embarrassment, the dreamer notices the tip of a child's penis showing through the performer's trousers. Fire is produced with an immense effort, but it is felt to be inadequate". In other words, the baby boy has projected his baby penis into father's to perform the feat of intercourse. But in fact the projection degrades the performance into an inadequate urination.

Elsewhere (1965), I have argued that the whole human race has suffered, in varying degrees, from delusions of being projectively identified with their mothers or fathers, as whole- or part-objects, ever since they began to wear clothes, not for warmth or modesty, but to ape their animal gods by putting on their skins. Robes of office, uniforms, clothes expressing status, and status itself as an invisible garment, still serve the same purpose of maintaining the fiction that we are identified with what we unconsciously feel to be our betters, that is, parents (at part- or whole-object level) who are so much admired and therefore envied.

But it is clinically important to distinguish other motives for projective identification. For example, a patient who used to do it from envy, began to do it from fear as soon as she had accepted her littleness. She had become frightened of a senior colleague whom previously she might have treated with contempt, and then dreamed "she was crawling into a sleeping bag (associated with myself) to protect her from the fall-out in an atomic war (associated with the caustic criticisms expected from this senior colleague)".

Coming to the sense of being oriented to the wrong base, since this can be "wrong" in the epistemological as opposed to the "moral" sense only if the choice results from a confusion between what is needed and what is sought, "wrong orientations" are not easy to distinguish from confused ones. But the patient quoted earlier, whose dream of apparently wanting to have an operation to cut out a nipple-shaped lump on her head was interpreted as a wish to have her memory of the nipple taken away, did seem at that time to be predominantly oriented to her father's penis. This was shown for example, in her claim that what she wanted was a husband and not an analyst who stood for a breast—although her dreams and symp-

toms constantly betrayed her deeper longing for this first object. In other words, she was predominantly oriented to the wrong object.

Orientation to a confused object is the main theme of Meltzer's paper, "The Relation of Anal Masturbation to Projective Identification" (1966) in which he describes the state of mind of the baby left on the pot after a feed, feeling resentful with his mother and becoming confused with her in the following manner: in trying to find a substitute for the breast, with which he is angry, he unconsciously identifies his own buttocks with it, and himself with his mother, so that he unconsciously does not know which is breast and which is bottom and whether it is his or hers. Preoccupation with the contents of his own rectum (whether faeces or finger) may lead to the sense of getting inside, as in envious projective identification with the breast, but this time it is inside a confused bottom-breast. Then the final outcome is likely to be a claustrophobic feeling often expressed in dreams of being lost in a hostile town or building menaced by enemies, and desperately trying to find a way out, and back to some refuge (the lost breast). An example, in which, however, a misunderstanding of the mother's wishes is blamed for the confusion, appears in another patient's dream that "she sees a woman on a balcony (sees the breast) and asks her how to get there. The woman makes a gesture which she thinks means that she will find a door behind her. She does, but gets lost in this back building". In other words, she misunderstands her mother's invitation to reach up to the balcony-breast, and gets lost in her own bottom, also confused with her mother's.

In discussing the spatio-temporal system, I have so far only referred to the relation to the base. But of course it is also something into which all other orientations to secondary figures, whether as parts of the self or siblings, have to be fitted. Confusion with such secondary objects are also common. Moreover, the system, though primarily a space-time one, also gives the mechanical and psychological qualities of the objects in it. But errors here belong to the theme of misrecognitions allocating the wrong objects to the wrong categories which I have already outlined.

Before leaving the subject, however, I would like to say a word about the inner-world system of religion and morality. The base here, of

course, is the superego, or more often a number of not very well integrated superegos, themselves in different stages of development from very primitive to fully sophisticated figures. Now the same mechanisms which produce misconceptions and delusions in the outer world also operate in the inner. In particular, aggression can be projected intrapsychically from the ego into the superego, to create the archaic figures. That is, they are the product of an "intrapsychic paranoia". And the ego can project itself totally into an admired and envied internal figure to produce an "intrapsychic megalomania". Alternatively, there can be the sense of grateful dependence on a good and wise internal mentor. Each of these, and others, are associated with a characteristic morality. Ethical relativists seem to me to have overlooked one reason, other than prejudice, to prefer the last alternative: it is much less under the influence of mechanisms which distort the truth.

In conclusion, I would like to give you my own assessment of the theory I have tried to outline. As I said at the beginning of this paper, it is not in itself a new psychoanalytic theory, but a couple of theoretical hooks to hang a lot of existing theories on, and so to co-ordinate these and make them more accessible to memory. I know it is very incomplete. Parts of it are muddled and perhaps self-contradictory. But already it is of some help to me, in sessions in recognizing what is analytically important: first, a patient's orientation to myself as base in his inner and outer world, and secondly, the degree of truth with which he is able to recognize, or misrecognize, all the objects in his space-time system. I therefore envisage the possible development of a kind of psychoanalytic geometry and physics with which to represent a patient's changing true and false beliefs about his relation to objects and their nature, in his inner and outer worlds. Analysts, as Bion rightly reminds us, should learn to tolerate the anxiety of contact with the unknown. But the better their theory, the easier it is for them to come out of confusion by recognizing, and helping the patient to recognize, his departures from truth.

The development of such a theory to the limit of its usefulness, is obviously a long-term project. I do not know how much further I can get with it at present; but I would like to persuade others to work on it.

REFERENCES

- BION, W. R. (1962). *Learning from Experience*. (London: Heinemann.)
- (1963). *Elements of Psycho-Analysis*. (London: Heinemann.)
- (1965). *Transformations*. (London: Heinemann.)
- FREUD, S. (1911). "Formulations on the two principles of mental functioning." *S.E.* 12.
- KLEIN, M. (1957). *Envy and Gratitude*. (London: Tavistock.)
- MELTZER, D. (1966). "The relation of anal masturbation to projective identification." *Int. J. Psycho-Anal.*, 47.
- MONEY-KYRLE, R. E. (1965). "Megalomania." *Amer. Imago*, 22.
- ROSENFELD, H. (1965). *Psychotic States*. (London: Hogarth.)
- SCHLICK, M. (1925). *Erkenntnislehre*. (Berlin: Springer.)
- SEGAL, H. (1957). "Notes on Symbol Formation" *Int. J. Psycho-Anal.*, 38.

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NOTES ON DREAMING: DREAMING AS COGNITIVE PROCESS¹

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In previous considerations of contemporary dream research, we have surveyed the basic experimental evidence derived from the study of dreaming activity in animals and man and have explored some of the implications of the available evidence for psychoanalytic theory (Meissner, 1968c). In the present paper, our intention is to extend this analysis to the specifically cognitive aspects of the dreaming process. Presumably an examination of these relationships can be expected to shed some further light on both the dream process and cognitive functions.

Neuropsychology of the Dream State

It has become apparent from more recent studies of mental processes during sleep that there is more than one kind of dreaming (Meissner, 1968c; Fisher, 1965). After the original studies of dream experience, in which very little dream recall was observed in relation to NREM periods and significant recall was associated with REM periods, it was thought that REM activity and dreaming activity were coterminous if not synonymous (Dement and Kleitman, 1957a, 1957b). Further study, however, made it clear that dreaming also occurs in NREM periods (Rechtschaffen *et al.*, 1963; Foulkes, 1962). NREM dream activity tends to be more abstract, logical, more plausible, more like thinking, less emotional and more concerned with contemporary waking experience. It has a more reality-oriented, secondary process quality by comparison with the disorganized, emotional and highly visual productions of REM dreaming (Foulkes *et al.*, 1962).

The contrasts in style of thought organization are paralleled by quite different and characteristic patterns of neurophysiological activation. It is to this relationship that we would like to direct our attention for the moment. The REM

pattern of organization is characterized by desynchronization in the diencephalic and mesencephalic reticular formation, strikingly synchronous theta-activity in hippocampus, and cortical desynchronization. NREM states show a marked contrast with high amplitude, slow, synchronous cortical activity along with hippocampal desynchronization. The structures involved in the organization of these sleep states occupy a large part of the brain stem including the pontomedullary tegmentum. The critical structure for the organization of REM, paradoxical, or rhombencephalic dreaming activity are the caudal pontine nuclei of the pontine mesencephalic reticular formation (Meissner, 1968b).

The REM dreaming pattern is dependent on the integrity of these nuclei. Their destruction eliminates rhombencephalic sleep. The activity of these nuclei seems to be independent of dreaming activity. As we have seen (Meissner, 1968b), REM activity is maximal in the prenatal foetus and decreases progressively as the organism matures. It is doubtful that such intrauterine or infantile activity represents dreaming. Moreover, REM activity has been found in sleep of functionally decorticate and decerebrate humans who presumably do not dream (Jouvet, 1962). We would suggest, therefore, that the organization of neurophysiological activity in REM states is not a function of psychological mechanisms in any primary sense. Rather, it is a biologically based and physiologically determined state of the organism.

This argument is supported by ontogenetic and phylogenetic considerations. Ontogenetically, the argument has been advanced that REM activity is maximal in the early maturation of the CNS because it serves developmental objectives (Roffwarg *et al.*, 1966; Meissner, 1968b). Its persistence into adult life serves more preserva-

¹ This paper forms the third section of "Notes on Dreaming," the first two parts of which have already appeared together in an earlier number of the *Journal* (Meissner, 1968b).

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tive ends in maintaining the functional integrity of the neurological mechanisms involved. Phylogenetically, below the level of reptiles nothing of a sleep-state has been identified. Whether REM states are to be found in reptiles is problematic, although it is clear that they do sleep. Birds also sleep, but show only brief, transitory episodes of decreased tonus, eye movements, and EEG desynchronization which might suggest REM activity. REM activity is more or less a mammalian phenomenon, although it is unquestionably present in the opossum—the living remnant of premammalian antecedents. Moreover, among mammals, REM activity is fairly evenly distributed. All of this and more has led Snyder (1966) to speculate on the survival value of REM activity. He suggests that the REM state serves a "sentinel" or vigilance function which returns the organism to periodic states of arousal after REM periods and thus provides a preservative capacity to respond while it serves the organism's alternate need for sleep. The evidence is conflicting, however, since some investigations have found that subjects respond as poorly in paradoxical sleep as in deep sleep to ordinary stimuli (Williams *et al.*, 1964).

However one weighs the evidence, it is clear that REM activity is far more extensive than dreaming activity. The understanding of the dream state, therefore, must be cast in terms of REM activity, rather than vice versa. In other words, the cyclic emergence of REM activity during sleep must underlie and give rise to a set of physiological conditions which affect the organization of cognitive processes in such a way as to subserve mental activity with a given set of characteristics. The physiological state, then, reflected in the activation of caudal pontine nuclei, has priority. This way of looking at the situation is opposed, therefore, to an approach which might give the priority to the mental operations and make the pattern of activation derivative from them.

The dreamer, then, during his periods of REM activation is subject to the operation of a physiologically driven mechanism which activates crucial centres in the pontine reticular formation. The critical feature of this phenomenon is that the activation of these pontine nuclei feeds into specific arousal circuits which trigger both theta-activity in the hippocampus and desynchronization in the cortex. These circuits have been reconstructed elsewhere (Meissner, 1967a), and can be referred to summarily as septohippocampal circuits. They

include ascending connections from midbrain reticular formation through lateral hypothalamus and median forebrain bundle to the septal region. Septal fibres then course over the fornix to terminate in hippocampus. The connections are multiple and reciprocal and constitute what Nauta has referred to as the "limbic midbrain system" (Nauta, 1958).

Neurophysiologically, the pattern of REM activation is identical to the arousal pattern which can be elicited by stimulation of these ascending circuits or by peripheral sensory stimulation. The available evidence suggests that these circuits are maximally involved in adaptational contexts in which the organism's response is more or less input-dependent (Meissner, 1967a). Thus, similar patterns of activation with hippocampal theta and cortical desynchronization are seen in the presentation of any novel stimulus, in early phases of approach learning in cats, in approach behaviour motivated by hypothalamic stimulation, in early phases of conditioning in monkeys—and, quite markedly, in REM dreaming states. The REM state, then, reflects the activation of these circuits which reflect a special adaptational state of the organism—whatever its phylogenetic or ontogenetic significance.

The importance of this arrangement to the dreaming process is that these septo-hippocampal circuits are functionally involved in cognitive processes and that through their connections with the limbic system, they are massively related to large areas of the cortex. Activation of septo-hippocampal circuits is therefore capable of organizing complex cortical-subcortical mechanisms to give rise to cognitive experience-complexes which will reflect the type of cognitive organization associated with activation of cognitive mechanisms from the septo-hippocampal side.

Dream Cognition

The association of a specific pattern of septo-hippocampal activation with the well-studied characteristics of the dream process provides a basis for enlarging our understanding of the participation of certain parts of the neural net in higher processes.

The activation of pontine centres, which triggers and sustains REM periods in the dream-sleep cycle, has not been proven to be under the control of drive mechanisms, but it seems clear that the system is input-dependent and that exogenous input is significantly diminished during sleep. Activation must be endogenous

and it is entirely consistent with Freud's understanding of the mental apparatus to appeal to the instinctual sources of internal excitation as providing the driving mechanism. The supposition is supported both by abundant analytically validated dream content and by certain experimental evidences. Penile erection is a regular concomitant of REM activation, and while this does not prove libidinal derivation, it strongly suggests it.

If we can suppose that REM activation is the consequence of drive activation, there is still the problem of how drive activation is converted into a cognitive process and how it participates in the organization of a wish. From our present perspective, we can suggest that the drive organization and the cognitive process are mediated by patterns of neurophysiological activation. The physiological components of the drive come to bear on pontine centres by neural and/or humoral means, raise the level of excitation in these centres and thereby put into operation septo-hippocampal-limbic functions. These latter functions are involved in specifically cognitive activities. The transit from drive organization to cognitive process is accomplished in terms of the functions of activated circuits, which are intrinsically cognitional.

The dream not only reflects the operation of drive mechanisms but, as Klein (1967) suggests, may also serve a discharge function. The perceptual events of the dream produce a partial or temporary reduction in the state of need current in the organism. He cites some suggestive evidence to the effect that the intrusion of thirst-gratifying content into the dreams of thirsty subjects was related to a reduction in water consumption after awakening (Bokert, 1965). Thus, not only is the dream content drive-related, but the dream process itself would seem to be drive-dependent and may serve very specific functions in the economy of drive-organization. Drive-dependent septo-hippocampal activation would feed into limbic circuits which are massively related to nearly the whole of the cortical bank and thereby have access to the stored experience of the organism. The fragments of stored experience would be activated and reorganized under the influence of the motivating drives into a patterned complex which is experienced as a dream.

The relations as described can be verified in adults and verbal children, but the frequency of REM activity at infantile and preverbal levels is of interest. The question arises as to whether

the infant has any hallucinatory dream material associated with his marked REM activity. Behavioural observations of sleeping infants, sucking movements, etc. during sleep might easily suggest some sort of primitive cognitive model. But as Wolff (1967) indicates, the evidence is anecdotal and indirect and the representation of absent objects probably does not occur prior to 18 months. He suggests the concept of "vacuum activity", that is, the repetitive exercise of congenital action patterns (sucking, rocking) during periods of absence of drive-reducing objects, as a model of infantile psychic activity during periods of deprivation. It is not very useful to speculate on the content of neonatal or infantile dream activity. We know that similar activity is seen in decorticate subjects and that the essential mechanisms of REM activation are operative at brainstem levels. Activation in the intact neonate presumably activates the same circuits as in the adult, so that the resultant dreaming experience is a function of previously organized sensorimotor schemata and relatively undifferentiated stimulus complexes. In the neonate, these very likely have a rudimentary character.

In Freud's discussion of the dream-work, he describes it in terms of a set of specific mechanisms. The dream-work is the process by which the latent dream-thoughts are translated into the manifest dream-content. The first of these mechanisms is condensation. In the formation of the dream, a broad range and wealth of dream-thoughts may be compressed into a small compass of manifest material. The dream-content serves as nodal points upon which a great number of dream-thoughts converge. The dream-content is therefore overdetermined (Freud, 1900). The images formed are collective or composite. Irma in the Irma dream is a collective figure, who possesses contradictory characteristics because she represents a number of other figures. The figure of Dr R. in Freud's uncle dream, however, was a composite figure in which the characteristics common to two or more persons are combined while the differences cancel (Freud, 1900).

The second mechanism is displacement. He says that:

In the dream-work a psychical force is operating which on the one hand strips the elements which have a high psychical value of their intensity, and on the other hand, by means of *overdetermination*, creates from elements of low psychical value new

values, which afterwards find their way into the dream-content. If that is so, a *transference and displacement of psychical intensities* occurs in the process of dream-formation, and it is as a result of these that the difference between the text of the dream-content and that of the dream-thoughts comes about. The process which we are here presuming is nothing less than the essential portion of the dream work; and it deserves to be described as "dream displacement" (Freud, 1900, pp. 307-308.)

Freud later (1916) amplified this formulation somewhat by adding that displacement is manifested either by replacing a latent element with something more remote or by shifting the psychical account from an important to an unimportant element.

Freud also mentions plastic representation by which the dream-thoughts are transformed into visual images (Freud, 1916). Dreams have no means to represent logical relations of causality, chronology, etc. It is a plastic medium, like painting or sculpture, and for the most part disregards these conjunctive links. They show us the intimate links only by juxtaposition, or, as in causality, by temporal sequence (Freud, 1900).

Freud recapitulates these characteristics of the dream-work at the end of the sixth chapter of the *Interpretation of Dreams*:

The dream-work is not simply more careless, more irrational, more forgetful and more incomplete than waking thought; it is completely different from it qualitatively and for that reason not immediately comparable with it. It does not think; calculate or judge in any way at all; it restricts itself to giving things a new form. It is exhaustively described by an enumeration of the conditions which it has to satisfy in producing its result. That product, the dream, has above all to evade the censorship, and with that end in view the dream-work makes use of a *displacement of psychical intensities* to the point of a transvaluation of all psychical values. The thoughts have to be reproduced exclusively or predominantly in the material of visual and acoustic memory-traces, and this necessity imposes upon the dream-work *considerations of representability* which it meets by carrying out fresh displacements. Greater intensities have probably to be produced than are available in the dream-thoughts at night, and this purpose is served by the *extensive condensation* which is carried out with the constituents of the dream-thoughts. Little attention is paid to the logical relations between the thoughts; those relations are ultimately given a disguised representation in certain *formal* characteristics of dreams (Freud, 1900, p. 507.)

There is little to the dream-work which is not embraced by this statement. Some years later, Freud commented:

... we must not overestimate the dream-work and attribute too much to it. The achievements I have enumerated exhaust its activity; it can do no more than condense, displace, represent in plastic form and subject the whole to a secondary revision. (Freud, 1916, p. 182.)

The added element which is characteristic of the dream-work is symbolism. Freud's ideas on dream symbolism were late in developing. It was not until 1914 that the section on symbolism was added to the *Interpretation of Dreams*. His formulations even then enjoy a certain fluidity. He places symbols among the forms of indirect representation (Freud, 1900, p. 351) which the dream-work uses to disguise latent thoughts. The symbol usually involves a comparison based on some common element shared by the symbol and what is symbolized. It is not entirely clear that symbol formation is in fact an independent mechanism in the dream-work. In fact, Holt (1967) has argued that symbol-formation is a special case of displacement. He defines a symbol as "a socially shared and structuralized displacement-substitute" (Holt, 1967, p. 358).

The characteristics of the dream-work do not provide the whole cloth of dream-activity. Freud concluded

that two fundamentally different kinds of psychical process are concerned in the formation of dreams. One of these produces perfectly rational dream-thoughts, of no less validity than normal thinking; while the other treats these thoughts in a manner which is in the highest degree bewildering and irrational (Freud, 1900, p. 597.)

The latter is primary, the former secondary process thinking.

The primary-process organization of thinking is dependent on and derivative from drive-organizations. Rapaport spells out this relationship in detail:

Thus the primary organization of memories occurs around drives. All the memories organized around a drive, and dependent for their emergence in consciousness on drive-cathexis, are conceptualized as *drive-representations*. In this drive-organization of memories the following hold: (a) Any representation may stand for the drive; that is, the memory of any segment or aspect of experience accrued in the periods of delay, and around the gratification, may emerge as an indicator of mounting drive-tension.

(b) The characteristic of energies which makes for this extreme freedom of representation, and allows representations to be raised to hallucinatory vividness, is conceptualized as "*mobility*" of *cathexis*. The cathectic energy in a drive-organization of memory can freely move and centre on any representations. (c) This free mobility is inferred from the observations which are conceptualized as the mechanisms of *displacement*, *condensation*, *substitution*, and so on. . . . (d) The thought-process based on drive-organizations of memory, and using cathexes which are freely displaceable and strive towards discharge in terms of "wish-fulfillment," are conceptualized as the "*primary process*" (Rapaport, 1951b, pp. 693-694.)

The relation between the dream-work and primary process finds direct application to REM mentation and thus establishes one of the processes Freud found in dreaming. The other, secondary process, is more characteristic of NREM mentation. Apparently, the cyclic activity of the dream process during sleep involves a recurrent phasing-in and phasing-out of these two fundamental cognitive processes. During REM states, the primary process and the dream-work are ascendant and the principles of drive-organization of memories is maximally operative. As the REM state fades, secondary process organization, which had been minimal during the REM phase, begins to emerge. It is well to remember, in trying to conceptualize these relationships, that the ultimate organization of thought is a distillation of both primary and secondary elements—never either one exclusively.

The drive-organization of memories, as Holt (Holt, 1967) has pointed out, makes use of a structured network of memories. It was Freud's insight that the apparent disorganization was really organization in a manner strange to conscious thought. Freud commented as follows:

If we regard the process of dreaming as a regression occurring in our hypothetical mental apparatus, we at once arrive at the explanation of the empirically established fact that all the logical relations belonging to the dream-thoughts disappear during the dream-activity or can only find expression with difficulty. According to our schematic picture, these relations are contained not in the *first Mnem.* systems but in *later* ones; and in case of regression they would necessarily lose any means of expression except in perceptual images. *In regression, the fabric of the dream-thoughts is resolved into its raw material* (Freud, 1900, p. 543).

Thus, the drive-organization reactivates memory elements which are incorporated into the first

mnemonic systems, i.e., those most immediately related to the perceptual system. These first mnemonic systems, according to Freud, receive perceptual excitations and retain the record of association in respect of simultaneity in time (Freud, 1900, p. 539). The more perceptually-removed systems, then, contain the more complex organization of mnemonic associations. Equivalently, then, REM activation with its concomitant septo-hippocampal-limbic arousal modulates the neural net to filter out the more highly organized, second-order mnemonic systems and bring the more primitive, first-order mnemonic systems into greater play. This is an important consideration to which we will return in our consideration of related pathologies.

The characteristics of primary process thinking and its divergence from secondary process thinking are associated with activation of septo-hippocampal circuits. The drive-organization, which depends on this pattern of activation, elicits memory traces in a series of relationships which do not reflect any previous experience organization. Drive-organization is thus a re-organization which side-steps the normal telencephalic mechanisms by which experience is sequentially organized and integrated to provide normally structured, reality-oriented experience. Because of the underlying pattern of physiological activation, primary process thinking and drive-organization play a major role in REM mentation. But conscious experience is no stranger to the primary process. While Freud envisioned a clear dichotomy between primary and secondary process, he also recognized the role of primary mechanisms of displacement and condensation in joking and other conscious thought processes (Freud, 1905). It seems consistent with Freud's formulations, as Rapaport (1951a) and Gill (1967, pp. 288-294) have suggested, to think of primary and secondary process in terms of a continuum of thought organization in which primary and secondary elements can be identified at all levels of cognitive functioning. The latter formulation seems closer to the little we can discern of the functional organization of the nervous system. Septo-hippocampal activation is not an isolated pattern found only in certain dichotomous adaptational states of the organism, but seems to be continually playing into the ongoing symphony of neural activity in a variety of adaptational functions which generally seem to be responding to peripheral excitation, whether exogenous or endogenous. We are suggesting, therefore, that

the balance of primary and/or secondary process may parallel the balance of interplay and integration between more primitively organized, stimulus-oriented systems (septo-hippocampal) and more highly organized, better integrated and structured, response-oriented (cortically dependent, "telencephalic") systems.

One of the remarkable characteristics of dreaming, to which Freud called attention, is the facility with which the dream content is forgotten. He pointed both to the untrustworthiness of memory, such that it seems incapable of retaining a goodly portion of the dream experience, and to the positive distortions and inaccuracy which arises when we try to reproduce it. Freud's explanation was in terms of the continuation of the basic revision of the dream-thoughts in so-called secondary revision. The result is that we are left with a feeling that much of the dream-content has simply dropped out and that much more was dreamed than is recalled (Freud, 1900, pp. 512-532). The other aspect, of course, is that in the face of the resistance which motivates forgetting, the dream does occur. Freud answers that in the dream-state, the resistance is lowered.

The state of sleep makes the formation of dreams possible because it reduces the power of the endopsychic censorship. (Freud, 1900, p. 526.)

In terms of our present formulation, these issues can be partially recast. There is some evidence, to which we must return in greater detail to support this part of the argument, to suggest that the learning experience, which is dominated by septo-hippocampal activation, tends to be associated with short-term memory effects. Unless the experience is organized and integrated by other systems, the retentive function is restricted to primary memory registers. It is obvious that the dream experience is not wholly confined to primary memory mechanisms, but it tends to depend on them to a greater degree than many other forms of experience. Long-term retention and active recall of the dream experience is less likely. The shift in viewpoint really sidesteps the issue of resistance. The dream occurs not because resistance is weakened, but because septo-hippocampal circuits are activated. And forgetting occurs not because of the repressive effort of the endopsychic censor, but because the dream experience is largely retained in primary retentive registers. It should be added, for the

sake of clarity, that such a neurophysiologically based argument does not violate the integrity of the argument for endopsychic censorship. The latter may well work through the former. In addition, while the neurophysiological mechanisms may explain much, they may not explain all. The analytic argument for censorship rests on more than the phenomenon of dream forgetting.

Another condition of the cognitive dream process, which bears comment, is the constant presence in the dream content of a recent, indifferent impression, a residue of the previous day's experience. Freud again attributes this effect to censorship in as far as the trivial impression takes the place of psychically significant impressions (Freud, 1900, pp. 165-188). But once again, the effect may also be a reflection of the functions of the involved mechanisms. Our waking experiences are subject to complex processes in the central nervous system which organize and integrate them into organized memory schemata. The significant impressions are subjected to greater processing and thus become more closely integrated into memory schemata. Their elicitation from the memory bank, therefore, is more closely dependent on the structure of experience and thus less susceptible to drive-organization. Insignificant impressions, which are indeed registered, but are subjected to less processing and integration, are therefore more susceptible to drive-derivative elicitation and reorganization in the dream experience.

Recently Luborsky (1967) has drawn attention to the significance of momentary forgetting. The experience is common enough. The evidence suggests that the content of such momentarily forgotten thoughts has much in common with latent dream themes. Moreover, they share several qualities with dreams. The lost thought comes in and out of awareness with similar ease, the accuracy of recovery is uncertain, recovery is often fragmentary and has a close relation to basic drives. Luborsky suggests that such forgetting is associated with a momentarily altered ("distracted") state of consciousness in which there is a transient weakening of synthetic functioning with continuity of consciousness. Analysis of the content of such forgetting provides a ready access to a drive-organized memory system. We can suggest that the entire picture of momentary forgetting is consistent with a transient shift in the pattern of activation which relatively increases excitation in the septo-hippocampal circuits and produces transient states of disorganized memory function. Mom-

entary forgetting neurophysiologically, as well as psychologically, may be a transient waking equivalent of the cognitive organization of dreaming.

Related Pathological States

It is our intention in the present section to turn our attention to those pathological states which affect the neurophysiological mechanisms involved in dreaming activity and which may further illumine the cognitive aspects of the dream process.

The first syndrome of significance is the Korsakoff psychosis. The syndrome has been intensively studied over the years since Korsakoff first described it in 1889. The characteristic cognitive deficits are usually described as retrograde and anterograde amnesia, a characteristic impairment of recent memory with good preservation of skills and well-established habits. The picture is frequently compounded with confabulation. One of the classic papers was that of Betlheim and Hartmann (1924) in which they reported on the careful examination of three patients. They described

fluctuation of attention, little inclination to learn the material offered, even to the point of refusal, and finally a peculiarly irregular alternation between remembering and forgetting so that a memory apparently lost suddenly appears, while one that was just there disappears. (Betlheim and Hartmann, 1924, p. 303.)

The parapraxes took the form of distortions of narrative material. Some were the result of displacements to related ideas, some of symbolic displacements. The latter were found only in sexual material. The point is that primary process kinds of organization were demonstrated. Further, the characteristic confabulation has a quality of disorganization and implausibility which suggest that, whatever the motives behind it, the thought processes which subserve logical reconstruction and recall of past experience are severely impaired.

More recent careful studies of the psychological functioning of these patients have determined that sensorimotor, verbal and general intelligence skills are quite intact. Korsakoff patients function relatively well in situations where relationships must be grasped in a single apprehension or on tasks which require repeated application of a single set. Digit span and word recall are within normal limits. But in activities requiring sequential operations or sequential

shifts from one set to another or in activities requiring planning or sequential organization of thought patterns or material to be learned, Korsakoff performance is miserable (Talland, 1965). More careful study of Korsakoff learning indicates that the learning performance is well within normal limits in the initial phases of learning and in learning and retention of simple bits of information (Ervin *et al.*, 1968; Meissner, 1967c.) The limits of this type of intact learning are consistent with the interpretation that primary memory is intact, but that secondary memory is impaired. Primary memory, as defined on the basis of probe-digit experiments, free recall and paired-associate data, has a limited capacity. Registered items are stored without demonstrable time decay, but are either displaced by succeeding items or are transferred to the secondary memory by rehearsal (Waugh and Norman, 1965). Learning data from Korsakoff patients suggest that mechanisms of primary (short-term) memory are intact, but that mechanisms of secondary (long-term) memory are not.

Thus, the Korsakoff patient demonstrates integrity of perception, registration and primary memory. Evidence also indicates that Korsakoff patients habituate to an unreinforced stimulus very poorly (Ervin *et al.*, 1968). The conclusion may be drawn, therefore, that stimulus-dependent, arousal-type mechanisms which function at the initial stages of learning and subserve primary memory functions are intact in the Korsakoff patient (Meissner, 1968a). The neurophysiological circuits which are maximally involved in these functions are the septo-hippocampal circuits which are also activated in dreaming. The more or less specific lesions of the Korsakoff syndrome involve other related neural circuits which connect cortex and limbic system and which seem to be involved in highly specific ways in the organization of memory and higher order cognitive functions (Meissner, 1967a, b).

Equivalently, then, the Korsakoff patient functions in his waking moments with a cognitive organization which parallels in many striking aspects the cognitive organization of normal dreaming. Korsakoff confabulation is a kind of waking dreaming, at least in regard to its cognitive organization. This is so because the Korsakoff patient is more dependent on septo-hippocampal functions as a result of pathological impairments in other parts of the neural net. And the dreamer is more dependent on these same functions, because of the physiological activation which puts them in operation.

The integrity of dream-related circuits has been recently confirmed by study of dreaming in Korsakoff patients. Early in the course of the disease, within a year of onset, Korsakoff patients show an increase in REM time. More chronic cases, however, spend amounts of time not significantly different from normal. This supports the hypothesis that septo-hippocampal circuits are intact in this syndrome. It was also found that Korsakoff recall of dream material was almost nil (Greenberg *et al.*, 1968). Thus the Korsakoff syndrome represents a pathological organic brain syndrome which reproduces the neurological functional relations and some of the cognitive organizations that occur transiently in normal REM dreaming.

Attention must also be drawn to the cognitive phenomena associated with temporal lobe epilepsy. Psychomotor seizures are frequently associated with episodes of unresponsiveness, loss of understanding, confusion, and memory-impairment (Penfield and Jasper, 1946, 1954). Penfield (1955) has described the effects of such seizures as experiential, interpretive, and amnesic. Experiential seizures include hallucinatory or dream-like experiences, interpretive seizures reflect alterations in the significance of present situations and amnesic seizures include automatisms, amnesia for the duration of the attack, confusion, and a loss of the ability permanently to record ongoing experience. The conjunction of dream-like, experiential effects and amnesic defects with seizure discharge in the same circuits involved in Korsakoff amnesia and dreaming activity provides a suggestive link.

A slender, but significant amount of data is available from temporal lobe stimulation in psychomotor epileptics. Stimulation with depth electrodes in the temporal lobes produces experience similar to psychomotor seizures (Higgins *et al.*, 1956; Mahl *et al.*, 1964). Stimulation produces hallucinatory experiences which may represent dream-like reorganizations of past experience. There is also some evidence to suggest that the hallucinatory content is related to the patients' thoughts at the moment of stimulation.

As Mahl *et al.* (1964) suggest, stimulation may summate with ongoing excitation or it may alter the state of consciousness of the patient to swing the balance of cognitive processes from the secondary to the primary pole of the cognitive continuum. It is always tenuous to attempt interpretations of stimulation effects, since the manner in which stimulation interferes with or

facilitates a given functional system cannot be exactly determined. If stimulation produces a shift away from secondary organization and towards primary process organization, we have a situation much like that in dreaming. This would suggest that after-discharges may be disrupting the circuits which serve secondary process functions. We know on other grounds that the hippocampus has the lowest seizure threshold of any part of the CNS and that the threshold of seizure propagation within the related limbic circuits is quite low. It is easy to suggest, then, that stimulation of the epileptogenic temporal lobe effectively triggers limbic seizure activity which disrupts the function of these circuits. These same circuits are impaired by the pathology of the Korsakoff syndrome and are relatively bypassed by dream activity. The diminished function of this system is related to diminution of secondary process thinking in each case.

We had previously drawn attention to Freud's comment that the memory systems which were activated in dreaming were the primary systems which were most closely associated to the perceptual system. In the light of the above considerations, we can now put Freud's observation in a fuller light. It is interesting, of course, that Freud's model of the mental apparatus was cast in terms of multiple systems of memory. The concept has really only come into its own among memory researchers quite recently (Cameron, 1967), although in discussing the results of Penfield's temporal lobe stimulations, Kubie called attention specifically to the spectrum of memory and suggested that memories are stored in the CNS in more than one way (Kubie, 1953).

If we consider the data on Korsakoff learning, it is apparent that these patients assimilate relatively simple, nonsequential material very well. More complex materials or materials requiring sequential organization are poorly acquired and retained. If we conceive of the process of remembering as one of information processing in which remembered materials are progressively worked into more and more complex and highly organized memory schemata, the Korsakoff lacks these integrative mechanisms for producing more organized schemata. His memory functions, therefore, are limited to memory fragments which are not highly processed (close to perceptual level) and to those which have already been processed and organized into automatic schemata (old skills and habits). The more organized schemata employ the richer

resources of higher mental functions so that the organization takes on a secondary process character. The less organized schemata correspondingly have a primary process character. The activation of input-bound, stimulus-related systems must have close ties to the perceptual system. It is no surprise, therefore, that septo-hippocampal activation in REM states should be associated with retrieval of less organized and more perceptually-oriented schemata.

Implications for Dream Theory

Without attempting to decide the chicken-and-egg problem which is involved in the relation of REM states and dreaming, we have been concerned with the examination of cognitive functioning in the dream-work. The evidence suggests that REM states are produced by cyclically organized, physiological influences. The REM phenomenon may reflect the accumulation and release of transmitter substances of various kinds. Information is actively accumulating which will shed more light on our understanding of these basic mechanisms. Nonetheless, it seems clear that the REM pattern of central activation is not coextensive with dreaming activity and that it occurs as a regular phenomenon where dreaming is out of the question. We may find ourselves in the position of having to regard dreaming as a byproduct of a physiological state in which neurological circuits subserving cognitive processes are activated.

It is important to emphasize that any explanation of complex psychological phenomena in terms of functional neurophysiological systems is not only at this stage of our knowledge highly tenuous, but it does not in the least violate more

dynamically oriented approaches to the same phenomena. Unfortunately or fortunately, depending on one's point of view, human neurophysiology subserves and functions in terms of meaningful organization. The fact that the dream experience has a drive-organization and that the dream-content has meaningful associations to large complexes of significant previous life experience needs more than neurological constructs to open it to understanding. But we can suggest that the physiologically determined organization of activity in the neural net sets the stage in terms of patterns of cognitive organization for drive influences to act as organizing principles in the elicitation of dream contents. The neurological activation thus serves the psychological needs of the organism.

It is helpful here to recall Freud's distinction between the dream-thoughts and the dream-work. In a late footnote (1925) in the *Interpretation of Dreams* calling attention to this distinction he remarked:

At bottom dreams are nothing other than a particular form of thinking, made possible by the conditions of the state of sleep. It is the *dream-work* which creates that form, and it alone is the essence of dreaming—the explanation of its peculiar nature (Freud, 1900, pp. 506-507).

We have suggested here that the form of thinking is dependent on and subserved by specific neurophysiological patterns which the dream-work uses and which may contribute to our understanding of the fact that the dream-work creates the peculiar form of cognitive organization that it does—and not some other.

REFERENCES

- BETLHEIM, S. and HARTMANN, H. (1924). "On Parapraxes in the Korsakow psychosis." In: *Organization and Pathology of Thought*, ed. Rapaport (New York: Columbia Univ. Press, 1951.)
- BOKERT, E. (1965). "The Effects of thirst and a related auditory stimulus on dream reports." Unpubl. Doctoral Dissert., New York University.
- CAMERON, D. E. (1967). "Evolving Concepts of Memory." In: *Recent Advances in Biological Psychiatry*, ed. Wortis (New York: Plenum Press, 1967.)
- DEMENT, W. and KLEITMAN, N. (1957a). "Cyclic variations in EEG during sleep and their relation to eye movements, body motility and dreaming." *EEG clin. Neurophysiol.*, 9.
- DEMENT, W. and KLEITMAN, N. (1957b). "The relation of eye movements during sleep to dream activity: an objective method for the study of dreaming." *J. exp. Psychol.*, 53.
- ERVIN, F. R. (1967). "Brain Disorders: IV. associated with convulsions (epilepsy)." In: *Comprehensive Textbook of Psychiatry*, ed. Freedman and Kaplan (Baltimore: Williams & Wilkins.)
- ERVIN, F. R., MEISSNER, W. W., and STEVENS, J. R. (1968). "Conditioning of the alpha rhythm in Korsakoff patients." *Arch. gen. Psychiat.*, 19.
- FISHER, C. (1965). "Psychoanalytic Implications of Recent Research on Sleep and Dreaming. I. Empirical Findings. II. Implications for Psychoanalytic Theory." *J. Amer. Psychoanal. Assoc.*, 13.

- FOULKES, W. (1962). "Dream reports from different stages of sleep." *J. abn. soc. Psychol.*, 65.
- FREUD, S. (1900). "The Interpretation of Dreams." *S.E.*, 4-5.
- (1905). *Jokes and Their Relation to the Unconscious*. *S.E.*, 8.
- (1916). *Introductory Lectures on Psychoanalysis*. *S.E.*, 15.
- GILL, M. M. (1967). "The primary process." In: *Motives and Thought*, ed. Holt (1967).
- GREENBERG, R. et al. (1968). "Dreaming and Korsakoff's psychosis." *Arch. gen. Psychiat.*, 18.
- HIGGINS, J. W. et al. (1956). "Behavioral changes during intracerebral electrical stimulation." *Arch. neurol. Psychiat.*, 76.
- HOLT, R. R. (1967). "The development of the primary process: a structural view." In: *Motives and Thought: Psychoanalytic Essays in Honor of David Rapaport*, ed. Holt (New York: Int. Univ. Press.)
- JOUVET, M. (1962). "Recherches sur les structures nerveuses et les mécanismes responsables des différentes phases du sommeil physiologique." *Arch. Ital. Biol.*, 100.
- KLEIN, G. S. (1967). "Peremptory Ideation: structure and force in motivated ideas." In: *Motives and Thought*, ed. Holt (1967).
- KUBIE, L. S. (1953). "Some implications for psychoanalysis of modern concepts of the organization of the brain." *Psychoanal. Quart.*, 22.
- LUBORSKY, L. (1967). "Momentary forgetting during psychotherapy and psychoanalysis: a theory and research method." In: *Motives and Thought*, ed. Holt (1967).
- MAHL, G. F. et al. (1964). "Psychological responses in the human to intracerebral electrical stimulation." *Psychosom. Med.*, 26.
- MEISSNER, S. J., W. W. (1967a). "Hippocampal functions in learning." *J. Psychiat. Res.*, 4.
- (1967b). "Hippocampus and learning." *Int. J. Neuropsychiat.*, 3.
- (1967c). "Memory function in the Korsakoff syndrome." *J. nerv. ment. Dis.*, 145.
- (1968a). "Learning and memory in the Korsakoff syndrome." *Int. J. Neuropsychiat.*, 4.
- MEISSNER, S. J., W. W. (1968b). "Notes on Dreaming: I. The Dreaming State; II. Metapsychological Considerations." *Int. J. Psycho-Anal.*, 49.
- NAUTA, W. J. H. (1958). "Hippocampal projections and related neural pathways in the mid-brain in the cat." *Brain*, 81.
- NAUTA, W. J. H. et al. (1966). "Sleep, wakefulness, dreams and memory." *Neurosci. Res. Prog. Bull.*, 4.
- PENFIELD, W. (1955). "The 29th Maudsley Lecture: the role of the temporal cortex in certain psychical phenomena." *J. ment. Sci.*, 101.
- PENFIELD, W., and JASPER, H. (1954). *Epilepsy and the Functional Anatomy of the Human Brain* (Boston: Little, Brown.)
- (1946). "Highest Level Seizures." *Publ. Assoc. Res. nerv. ment. Dis.*, 26.
- RAPAPORT, D. (1951a). *Organization and Pathology of Thought*. (New York: Columbia Univ. Press.)
- (1951b). "Toward a Theory of Thinking." In: *Organization and Pathology of Thought*, ed. D. Rapaport (New York: Columbia Univ. Press, 1951.)
- RECHTSCHAFFEN, A., VERDONE, P., and WHEATON, J. (1963). "Reports of Mental Activity During Sleep." *Canad. Psychiat. J.*, 8.
- ROFFWARG, H. P., MUZIO, J. P., and DEMENT, W. C. (1966). "Ontogenic development of the human sleep-dream cycle." *Science*, 152.
- SNYDER, F. (1966). "Toward an evolutionary theory of dreaming." *Amer. J. Psychiat.*, 123.
- TALLAND, G. A. (1965). *Deranged Memory: A Psychonomic Study of the Amnesic Syndrome*. (New York: Academic Press.)
- WAUGH, N. C., and NORMAN, D. A. (1965). "Primary memory." *Psychol. Rev.*, 72.
- WILLIAMS, H. et al. (1964). "Responses to Auditory Stimulation, Sleep Loss and the EEG Stages of Sleep." *EEG clin. Neurophysiol.*, 16.
- WILLIAMS, H. L., MORLOCK, H. C., and MORLOCK, J. V. (1966). "Instrumental Behavior During Sleep." *Psychophysiology*, 2.
- WOLFF, P. H. (1967). "Cognitive considerations for a psychoanalytic theory of language acquisition." In: *Motives and Thought*, ed. Holt (1967).

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LEVELS OF EXPERIENCE OF THINKING

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The problem that I wish to examine in this paper is that of the relationship between thinking, consciousness, and the mind. This will entail some examination of psychoanalytic theory concerning mental functioning which will be linked up with some clinical observations made during the analysis of a schizophrenic patient.

We are all of us aware roughly what we mean by ordinary thinking. We conceptualize ourselves as possessing something which we call a mind, that we locate inside our head; and that we postulate its presence by the fact that we become aware of thoughts and perceptions which are said to be a function of this mind's activity. These thoughts and perceptions are usually meaningful in some way to us in that they serve as guides either to further lines of thought or to some physical activity. These thoughts and perceptions are said to be possessed of a factor called "psychic quality", which Freud (1895) described as "sensations which are different in a great multiplicity of ways and whose difference is distinguished according to its relations with the external world. Within this difference there are series, similarities, and so on, but there are in fact no quantities in it. It may be asked how qualities originate and where qualities originate." This description comes from the "Project for a Scientific Psychology", a pre-psychoanalytic work, but nevertheless is his only extensive account of his concept of "quality". We also know that this mind, by inference from clinical observations, has the property of unconscious thinking of which by definition we are not aware and that unconscious thoughts do not possess this property of "psychic quality". The point I am stressing is that for the normal or neurotic person, thoughts which have been put into words and are conscious, possess a quality, a significance, a meaning for that person which he feels is a hall-mark of normality of this aspect of mental functioning, even though he may not necessarily appreciate to a greater or lesser degree the significance of his thoughts.

The situation is rather different in the chronic psychoses and I shall take as my example a young

man who has been in analysis with me for some years and who would bear the clinical psychiatric label of "a case of chronic schizophrenia simplex" of several years duration. He has always been able to talk fairly coherently to me, even though one could never be sure of the difference between fact and fantasy, and could associate to his statements in the extraordinary way that most schizophrenics do, in revealing the relationship of his statements to unconscious sources and motivations. But for him, as with other schizophrenics, the whole thing was meaningless as they were all isolated, empty statements, useless for any further thinking or as guides to action. His thinking and activities—he worked as an office-cleaner—were blind and automatic in response to external situations and were associated with a total lack of affect except for occasional panic attacks and a state of constant deep-seated unhappiness. As I have quoted in a previous paper (1966) he once said to me, "The things I say have no meaning—they are like the froth on a glass of beer. I've got no consciousness of anything although it may seem from the way I talk that I have."

Not having experienced this mental state myself, I find it difficult to conceptualize what it must be like to exist in this state. The nearest I could come to it would be from an experience that is probably fairly common to most of us. If we repeat to ourselves a word or phrase over and over again, we notice after a time that the words have lost their meaning for us and we are left with the empty sound of the syllables. Perhaps this empty meaningless sound spread over all our words is something comparable to the chronic schizophrenic state.

We can now examine the theoretical implications of this state. Freud (1900) postulated that the psychic system, consciousness, is the sense-organ for the perception of psychic quality. Thus if the person has no perception of this quality—apart from its absence—it can either mean that the sense-organ is lacking in some way and thus quality cannot be perceived, or that the sense-organ is present but that the conditions for the

production of psychic quality are absent. A third possibility is that both are absent. Freud (1915) further postulated that the conditions necessary for the unconscious to become conscious (more correctly, firstly preconscious) is for the unconscious thing-presentation to be brought into contact with the preconscious word-presentation. He suggested that in schizophrenia, libido is withdrawn from thing-presentations (object presentations) and that only the word-presentation is cathected. From this one can deduce that the presence or absence of psychic quality must depend on the presence or absence of thing (object)-presentations being cathected. To put it more simply, for thoughts to have quality and meaning, there must be some sort of libidinal relationship to an object both internally and externally.

This view is substantiated for me by an important event that occurred during the analysis. A few days before a Christmas break, after a number of years of treatment, he told me that on the previous evening he had had his first conscious thought for many years, a thought that meant something to him in a real way and he was pleased about it. This thought was "He was talking to me," "he" being the analyst, and this thought repeated itself several times over and then he felt it being pulled back out of the conscious state and it vanished. Until then, there had been no conceptions of the analyst except as a vague force somewhere behind him, but now the analyst had acquired the meaningful description of "he". It should be noted that the thought (and he did not consider any of his previous communications to me as "thoughts"), was a passive one of the analyst having done something to the patient. As most of his material was oral in nature and content, this thought would indicate the presence of a fairly satisfactory symbolic feeding relationship between analyst and patient. Another noteworthy feature is that this thought occurred just a short time before a reasonably lengthy separation, i.e. the Christmas break. One might have thought that the last thing the patient would have wanted at this time would be some meaningful relationship with a departing object, which would leave him alone and frustrated; that he would rather have effected a total libidinal withdrawal or destroyed any mental conception of the analyst. The pulling back of the thought as described above shows that this, in fact, was also operating, but the fact that the thought did then occur suggests that, at times, near a lengthy

separation, there is an intensification, a hypercathexis, of any libidinal attachment to the separating object—perhaps in an attempt to reach him before the break and so assuage the separation. In this way, the ambivalence in the relationship is demonstrated as it is also by the fact that this thought occurred in the analyst's absence and not during the session and that the content of the thought was in the past tense. Thus psychic quality, the consciousness of a thought, has entered the field for the first time and has occurred in the context of an object-related experience which supplied the necessary condition for consciousness.

A case can also be made for the first possibility, i.e. that the sense-organ was lacking. Bion (1957) has suggested that in schizophrenia parts of the perceptual apparatus could be projected into outside objects, giving rise to what he calls "bizarre objects". As consciousness is regarded as part of the perceptual apparatus, it could have been projected on to the analyst who now by his interpretations, etc. to the patient is serving as the patient's consciousness, a concept I have previously used in discussing the hypnotist. The recovery of the ability to have a conscious thought by the patient would then correspond to an introjection of the analyst, who has been representing consciousness to the patient, and this, of course, occurs in the context of the feeding object-relationship as described above.

We now come to the problem of mind. The patient would say that he had no mind, that he had nothing to think with. Then just before the Easter break, which followed the previous Christmas break, during which period he had had several conscious thoughts, he told me that I was building a mouth for him bit by bit and that this was his mind that he could think with. I asked him why he thought this was happening and he replied that it was because I had been satisfying him by feeding him (symbolically) and also frustrating him and that both were necessary. This conception of the analyst building this mouth-mind by the process of satisfaction and frustration needs examining for its theoretical implications.

Firstly, this conception of mind-building very much tallies with Freud's concepts of the development of mental functioning. One might suspect that the patient had read them somewhere and was now producing it for me but I had good reason to accept the honesty of the patient's statements as being his own thoughts, unless he had said they were not.

Secondly, he has again presented me with this before a break in treatment and also in the context of this object-relationship that the analyst was building his mouth. Thus once more it appears that the importance of the analyst as a satisfying-frustrating feeding object is an essential feature in the intrapsychic maturation of the patient's mental processes.

Thirdly, the sequence of events has been that he has first had his thought (at Christmas) and then later (at Easter) the concept of the mouth-mind being built. The implication here could be that it is the thought that comes first and that the mind, which we usually think of as the apparatus for thinking and dealing with thoughts, comes later. This seems to be the point of view of Bion (1962) who says,

The problem is simplified if "thoughts" are regarded as epistemologically prior to thinking and that thinking has to be developed as a method or apparatus for dealing with "thoughts"

but I am assuming that what Bion describes as "thinking . . . as a method or apparatus for dealing with thoughts" is the same thing as a mind which thinks and deals with thoughts, and I may be wrong in this assumption. My point of view would be that the concept of possessing a mind arises as a result of being able to have conscious thoughts possessing quality and that we have to distinguish between thinking, either as an empty useless mentation or as the production of full useful thoughts, and the conceptual thought, mind, which is but one example of a full useful thought. I would think it highly likely that having this concept of the presence, or of the building, of a mind will facilitate the ability to have more complex thoughts than would be possible without it. This primitive mouth-mind would be used for taking things in

or spitting them out as suggested by Freud (1925), and perhaps without it, the development of intellectual ability, judgement, taste, etc. cannot occur. Thus this one concept would be essential for the development of all further concepts.

One last point: this mouth-mind is the organ for taking in and tasting meaning and awareness of thoughts and yet the paradox is that thoughts of meaning and awareness are themselves the very bricks of which the mouth-mind is being built. Perhaps here is the psychological basis of philosophical problems relating to mind, thinking, and meaning, a subject that I am certainly not competent to discuss.

I should add that some months later, this time not just before a break, he felt he was whole and empty instead of a fragmented nothing. Thus he had now developed a new higher concept, that of "self", even though it was an empty self, and this would indicate the necessity of the presence of the concept of "possessing a mind" in order to establish the concept of identity.

To summarize, I have described three levels of experience of thinking:

(i) Thinking, which is not felt to be conscious, nor yet is it strictly unconscious, and possessing no quality, meaning or significance to the thinker.

(ii) Thinking, which is felt to be conscious and possessing quality, meaning, and significance, but as yet consisting only of isolated thoughts.

(iii) Thinking, as in (ii), but now connected with possessing a mind that gives continuity to thoughts and possibilities of increased complexities in the conceptualization of thoughts.

The changes from one level to another have occurred in the context of a satisfactory gratifying-frustrating relationship in the oral phase between analyst and patient.

REFERENCES

- BION, W. R. (1957). "The differentiation of the psychotic from the non-psychotic part of the personality." *Int. J. Psycho-Anal.*, 38.
- (1962). *Learning from Experience*. (London: Heinemann, 1962.)
- FREUD, S. (1895). "Project for a scientific psychology." *S.E.* 1.
- FREUD, S. (1900). *The Interpretation of Dreams*. *S.E.* 5.
- (1915). "The unconscious." *S.E.* 14.
- (1925). "Negation." *S.E.* 19.
- STEWART, H. (1966). "On consciousness, negative hallucinations, and the hypnotic state." *Int. J. Psycho-Anal.*, 47.

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LANGUAGE, VERBALIZATION AND SUPEREGO; SOME THOUGHTS ON THE DEVELOPMENT OF THE SENSE OF RULES¹

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Clinical experience and psychoanalytical theory concerning verbalization provided me with the frame of reference for asking such questions as: how does man come to feel the validity of rules; in what way does he adopt them; are there any discernible stages in the development of the sense of rules?

Long before he introduced the structural model of the mind, Freud (1915) attributed a central role to verbalization in mental functioning by assuming that the hypercathexes of thing-presentations with word-presentations bring about a "higher psychical organization". Waelder found in the "formal superego function" a precursor of the superego. By the term "formal superego function" Waelder designated the ability of the human mind to stand back from concrete situations and to take up an imaginary vantage-point from which the self is regarded as an object. According to Waelder (1937, 1960) the reflective attitude of the formal superego function enabled man to create symbolic language. It is, however, possible that the use of language brings about that abstract attitude which is implied in the formal superego function (Balkányi, 1964). I shall not deal here with the hierarchy of these functions, namely, the creation of language and the superego, but I shall look at their interaction, that is, at the individual's verbal and superego development on the one hand, and on the other, at the influence of the group superego on the young child through the instrumentality of language.

Language is a group psychological product, a part of reality into which we are born; it lies around us with its signs and rules and conventions. Words seem to be ready-made signs although once they were created as symbols of things. The work of making, of creating words is no longer the task of the individual. Applying

Winnicott's (1967) view to the earliest stages of the individual's language development, I think that for the growing infant the use of language is a transitional phenomenon (Winnicott, 1953). The small child, around the age of one year, picks up words just as he picks up other things in his environment, and invests these acoustic transitional objects with meaning as he does with tangible transitional objects. Language is a toy, but to whom does this toy belong? Whereas his teddy-bear or nappy are rarely played with by others, he constantly hears his words coming from the mother, the mothering environment, and in fact from the whole environment. Language is a link between not-me and me possessions, because it *is* the possession of everybody. From infancy onwards we are fed by words; the younger we are the more symbolic meaning we feel in them and probably in the whole process of talking. In the form of language a system is presented to us by our environment. The child adopts the tools of language gladly and quickly, identifying in this activity playfully with the talking mother's ego, and introjecting traits of the mother's superego. Once language begins to be a shared possession of mother and child, a toy with which they play together, the child begins to create. He puts his own thoughts into the language-form which he required from without. In verbalizing he moulds his unique opinions into that sophisticated system. With this developmental step he integrates himself into a group. In the process of identification with the talking environment rules are also adopted without reasoning, unconsciously. Most delicate grammatical forms are quite early understood and soon used by means of identification. With this goes the growing of a sense of rules. The adopted linguistic customs, rules and conventions are binding in varying

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degrees, and their acquisition takes varying time in the course of maturation.

The maturation of verbalization is not so firmly organized as to exclude the possibility of pathological functioning, e.g. in stammering the disturbance of the ego-function of verbalization is the central characteristic. I shall try to show that the analysis of stammerers can provide factual evidence relevant to theories of normal language development; further, that it can throw light on verbal disorders of psychotic type. I have selected an episode from the treatment of a stammering child to illustrate how he was impelled by his verbal dysfunction to misuse the existing language lying around him. At the age of 10 he still invested words and language patterns with his own meaning to an incomparably greater extent than other latency children. His need to form neologisms was rather that of a toddler's. The stammer was the symptom of his dysfunction of verbalization. The delay in conforming to the convention of language was another manifestation of this, but showing also the attached superego disturbance.

Briefly, Alan is a 10-year-old stammerer. He has been in treatment for three years once weekly with an interval of six months after fifteen months' treatment. He is the elder of two children. His younger brother was also a stammerer. Alan is a day boy in a school with a high reputation; he is average or above average in his form. He is a bright child who in the course of the three years' treatment could catch up with the gross handicaps caused by his original dysfunction of verbalization, of which the stammer was the main manifestation. Due to his delayed and disturbed verbalization at the ages of 7 and 8 he still had a dyslexia and a dysgraphia. These have now been corrected. His verbal difficulties remain discernible in his compositions. At the time of the episode which I am going to discuss his speech was fluent with very occasional stammers so that each of these could be regarded as a symptomatic action and interpreted. At that time the analysis was centred on the problem of his bisexual orientation. Some months before, whilst tickling games with his school friends were played in the toilet and on the playground, a man took hold of Alan's arm in the street on his way to school and asked the child to follow him into the park nearby. Alan dealt with the reality situation entirely satisfactorily. No signs of anxiety were seen either then or later. But his material hinted at the reinforcement of his

homosexual wish through the meeting of "the man of the park".

Alan's emotional difficulties, at referral, were states of proneness to impulsive action alternating with depressive moods. It is my contention that these difficulties were the sequelae of his verbal dysfunction, namely the impairment of binding energy by verbalization. In the absence of adequate verbalization, no sufficient desexualization and neutralization of instinctual demands and their concomitant aim-inhibited affects could come about. I shall show by reference to his neologisms how the weakness of verbalization presented itself in this child's life and treatment. By neologism I mean not only the arbitrary grouping together of sounds and investing these formations with meaning, but also the autistically undisciplined understanding of language. To avoid any misunderstanding I should emphasize that there is nothing autistic in Alan's behaviour or thinking.

It was characteristic of Alan to pick up existing words and use these as affective exclamations, e.g. to shout "Rubinstein" in a particular kind of excitement. (This is what I mean by an autistic use of words.) We came to see that in this instance it was the articulation of the word which was operative in the displacement: *Rubinstein* meant *Rude*. There were many similar words in his vocabulary, ranging from motor- and sound-associations to content-associations. Thus, one day he called me angrily "Dirty old puberty". At that time he busily read the dictionary; and for him words like "puberty", "pubic hair", etc. were related to the future and therefore they meant old age for him. Another day he said to me with a loving expression on his face: "You are a denominator." Having no clue how to interpret this I showed him my readiness to respond to him by drawing a fraction line on a sheet of paper. He seemingly changed the topic, suggesting he would show me his new signature, and wrote his name right above the fraction line. That gave me the clue for interpreting. At the beginning of the session he had told me about the observation of a primal scene between a bull and a cow. Loving as he now felt towards me he could not call me a cow but calling me a denominator he felt he could verbalize the same wish: I should be below him.

At the beginning of his treatment he told me about, or rather drew me, a picture he saw in one of his books which caused him irresistible laughter each time he looked at it. The picture

showed a shop window, above which there was written "cold hot dogs"; two people in the foreground pointed upwards to the words and were supposed to shout: "We want our hot dogs not cold." In this picture the upward pointing gesture produced ecstasy in Alan. It was on the one hand the content which provoked anal-sadistic pleasure in him; on the other the gesture-language of the picture was at least as eloquent to him as the verbal one. In fact the gesture of pointing upwards allowed him to deverbilize the words "cold hot dogs" in his own autistic way. At the age of 6, one year before he came to me, his parents had taken him to an analyst partly because of his stammer and partly because of his cruelty to their cat. Led by another boy, the two children had thrown the cat up to the ceiling with such force that the cat's anus had relaxed and the traces of her faeces remained on the ceiling. In the reception of the picture's meaning Alan's mind used the primary process: two people pointing upwards was displaced onto his and his friend's throwing-up of the cat to the ceiling, and in the cold hot dogs he condensed: sausages, the cat's faeces and the cat alive and/or dead.

The fact of using primary mechanisms in understanding messages would not, of course, be pathological. The pathology lies in the lack of stability of Alan's secondary process, particularly in the unstable binding of energy by means of verbalization which was the cause of his ego and superego weakness. Verbalization binds the freely displaceable energy of the ucs by its power to ensure distinct meaning (Balkányi, 1964). The meaning of words was not safeguarded by a deeply accepted convention in this child. The guardian of conventions is the superego. The parents were right in judging the importance of their 6-year-old child's strange superego delay when his anal-sadistic impulse against the cat broke through. No superego was there to prevent the execution of an action because the pathway of "experimental acting" via verbal thinking was not sufficiently firmly established. At the time of the cat incident (one year prior to the treatment) Alan could hardly speak, not because of the stammer but because of the underlying insufficiency of his verbalization, demonstrated by his very severe stammer.

I will now show how, in a much improved phase of the treatment the dysfunction of verbalization could interfere with the stability of secondary-process thinking. We were in the third year of our work, seven months after Alan

had met the homosexual in the street, and at the beginning of the school-term in September. Alan had started to learn Latin and was enthusiastic about it; he was particularly keen on translating. One day the boys were asked by the master to tell him their marks. Alan had an excellent mark, 49/49. When his turn came to say this he just could not get a word out. A complete blockage. There he stood: he heard the boys urging him on; he felt himself blushing; his mind was blank or confused, he could not tell which. Having had much material preceding the occurrence of this stammer it was not hard to find the interpretations. I will try to indicate the place of this stammer in the sequence of the analytic process proceeding from the centre. What happened whilst he stammered, what preceded the stammer and what followed its interpretation? "49 out of 49" was in a flash divested of its conventional meaning. For Alan it meant a declaration of his love. Listen to the structure of the sentence only. It is as symmetrical as an embroidery. Two equals—49, 49—linked by "out of" standing, like an ornamental line would in embroidery, for some movement or action. The two equals are two homo-erotic persons: he and the master. "Out of" is felt as the verb of the proposition and felt to be in the imperative mood. It is the imperative need of the drive that makes the child feel that he is being commanded by the verb, "out of!" And to talk to the master was his task after all. But what should have come out of his mouth? "Forty-nine" conjured up the sound image of "Farting" "mine".

The previous material which clarifies this displacement is as follows: Alan had begun to smoke during the previous summer. Actually he smoked two or three times only, but he constantly fought against the wish. At that stage, whenever he smoked he took one of his father's cigarettes. The motives for smoking as seen and interpreted, were: (a) to provide his mouth with pleasure; (b) to look and behave like the Beatles and the "man from the park"; (c) to breathe in the father's air and by that means to identify with him. Alan was bottle-fed and was allowed to continue having a "night bottle" up to the age of 5. His babyhood was happy, the parents are nice, intelligent people, both analysed. The mother became severely ill when Alan was 18 months old, and for at least half a year much of the child's care, including his feeding, was done by the father. The causal factor was found, as in all cases of stammering,

in the mother-child relationship. The father's role was atypical in Alan's case. He deputised for his wife perhaps too well. With his active participation in caring for Alan he certainly saved him from grave damage but reinforced the boy's homosexual orientation. Alan started to speak after he was 2, when the mother had recovered, and he immediately stammered. When he was 4, his brother was born. From then on he was miserable, particularly whenever he witnessed his brother sucking. In order to comfort him the mother read to him sometimes whilst she was suckling the baby.² At that time Alan still had his night bottle and later, when his sibling rivalry was in the centre of his analysis, he had a favourite song: "Me not sad, me not silly, me drink water from my willy." This meant the father's penis, as we could see from a number of fantasies.

When I interpreted to him the meaning of "forty" as being "farting", his response was: "Daddy sounds like this when he is in the toilet" [makes "farts" with his mouth on his hand], "now I call him Father. You know why don't you? [Contempt in his voice.] He went on telling me how he yelled at a boy on the playground "fuck up" adding to it: "it just slipped out of my mouth." I interpreted to him that when he was standing in front of the master he also wanted to say "fuck", as if the master was daddy. "It is to Daddy that you would like to say it, actually you would like to suck Daddy." (I said that relying on both content and sound-association.) "This is how you felt when you were small. Mummy deserted you because she was ill and you turned to Daddy, and he gave you the bottle." His answer was: "Yes, and something else happened, I cried on Sunday, because Mummy went out for the night, I mean in the evening."

This response indicated Alan's turning to a new phase in the analytic process. We interpreted together that when his turn came to return the master's marks 49/49 he had felt that he was at the end of an unspoken dialogue between himself and the Latin master. We verbalized the thoughts he then had had, which were: "Fuck

me, love me, fart into my mouth, I fart my breath into you." He could not say this. The conflict was within the superego, part of which remained the guardian of decency (including decency of speech), but the other part of Alan's superego resembled Schreber's God, a seducer who required from the boy the use of the "basic language".³ For Alan 49/49 meant a declaration of homosexual love generating from phallic, anal and oral sources. In this formidable condensation the polarities of active-passive and of object-subject ceased to be opposites. The stammer was the manifestation of a momentary regression into non-verbal, unconscious union.

As a result of the interpretations it became conscious in him that in his striving to find an object he followed the pattern of his late oral fixation and consequently he reached out in the homosexual direction. His way was opened up to the early and original oral object. In the following weeks there was a marked heterosexual preoccupation in him first by turning aggressively towards the mother and then by falling in love with the au-pair girl. (It was at this stage that he produced his neologisms in the transference, see p. 713.) Smoking formed a bridge between these phases. The wish now was to take the cigarette from mother and then from Ann. With the taking of the cigarette from the girl "smoking" obtained a new significance. The cigarette became the symbol of the object, in contrast to the former trend when incorporating the object was his aim; it was a progression from "to be" to "to have". The fantasies of this treatment-phase were more mature because throughout the time he maintained his feeling of identity.

The act of smoking itself meant sexual togetherness with the girl. But was "breathing in the object's air" meant symbolically or literally? On the one hand stammerers tend to preserve the trait of taking idioms literally, a trait which is normal in verbal development in the phallic phase. On the other hand breathing is often (not always) drawn into the symptomatology of verbal and speech disorders. The erotogenicity of the oral zone, as regards speech, is based on

² I think this fact helps to understand not only his later reading difficulty but also, and more basically, it throws light on his diffuse state of mind when taking in verbalization. Here I should like to mention that Alan's brother whose stammer with the fundamental verbal disorder was removed when he was 3½, at the age of 6½ was seen urinating in the toilet, holding in one of his hands his penis and in the other a book and reading.

³ "In the course of their purification 'souls learn the language which is spoken by God himself, the so-called

"basic language" a vigorous though somewhat antiquated German, which is especially characterized by its wealth of euphemisms". On one single occasion during his illness the patient was vouchsafed the privilege of seeing, with his spiritual eyes, God Almighty clear and undisguised before him. On that occasion God uttered what was a very current word in the basic language, and a forcible though not an amiable one—the word 'Slut'." (Freud, 1911.)

the life saving function of breathing. The stammer is never caused by a breathing difficulty but conversely stammering can cause breathing disorders. The stammerer manoeuvres his breathing unconsciously or preconsciously, in the service of his symptom. I have observed in many cases that a very short and hardly recognized attack of anxiety can be prompted by a lack of breathing and by the loss of pre-consciousness. Breathing, being overcathected air, itself often has a particular significance for the stammerer. We could call it an air-symbolism, e.g. as for Alan, so for many other stammerers, the taking in and giving out of air may symbolise introjective and projective identifications. In both these instances air is taken as a concrete substance, which it is. It is really the carrier of communication. The speech sounds are carried by the waves of the actual, concrete air. But the meaning of those sounds is not carried by air; nor are emotions carried by it. Introjection, projection, identification, and their combinations are means of receiving and of expressing affects; these are the preverbal and nonverbal mechanisms of communication; they precede the development of verbalization and they remain underlying it throughout life.

In an adult stammerer I treated, the problem of anxiety was represented by his air-symbolism. His spastic stammer reproduced in the form of a brief drama the danger of suffocation. At the age of between 3 and 4, whilst anaesthetized he experienced an anoxia.

In another case (Balkányi, 1961) the patient compared herself to air. She was nothing, "the stammer is my only essence" she said. "No talents, only philosophizing as empty as the air. I shall never be able to create anything valuable. Words fly away." This 18-year-old girl could not feel the power of words. She knew that verbalization should be the medium of psychoanalysis; to help her treatment she broke wind during the session, this having been for her the only alternative to stammering in order to make her words powerful. In her case the material was so obviously anal at that stage that I interpreted her air-symbolism on these lines.

I selected these two cases in addition to Alan's in order to show that whatever the content-meaning of stammerers' air problems might be at a given stage in their analytic process, these three factors—anxiety-production, anal significance, and introjective, projective, and identificatory mechanisms—are always determinants in their air-symbolism.

The anal phase is of major importance in the history of normal verbalization. It indicates that developmental moment when symbolization as such acquires its anal imprint. It is then that the child attains the ability to manipulate symbols instead of things and to comprehend values. The word is, like money, another form of currency which can be used instead of the sensual object. Speech development begins before the anal phase and ends long after it. The same applies to the development of symbolization. In my paper "On Verbalization" I described the specificity of verbal symbolization, I cannot repeat that now. Suffice it to say that according to psychoanalysis symbols are formed by the primary mechanism of *pars pro toto* and that the use of symbols is necessitated by repression. These two criteria, however, make it difficult to attribute a symbolic nature to words. The number of truly symbolic words, i.e. onomatopoeic words, is very small in languages. But I have put forward the view that it is possible that the symbolic character of the vast majority of our words has merely been worn away in the course of thousands of years; the difference between verbal symbols (onomatopoeic words) and conventional word-signs is an evolutionary one. To this view I should add now that as regards individual development it is at the passing of the anal phase that words begin gradually to lose their symbolic value and to become signs. Simultaneously it is then that it dawns on the child that there is a convention in his family safeguarding the meaning of words and the keeping to grammatical rules. Defeated by toilet-training, the child's interest in anal matter becomes displaced. A diametrically opposed trend, in tune with the style of the anal child, begins; he gains as a compensation for renouncing the concrete, sensual, anal matter the pleasure of the abstract, spiritual, immaterial word. This process of abstraction (continuing through the phallic phase) repeats in the individual's life the pattern of evolution of languages. The anal motivation of stammerers' air-symbolism shows the difficulty they had in renouncing the anal matter and in accepting the new mode of tele-communication with their mother instead of concretely touching and smelling her. In manipulating the air with their mouth and with their anus, they retained a thing which is between the material and the immaterial. For Alan, breathing-in the girl's smoke meant reception of her love (breathing-out the smoke to her was sending his love into her; he played smoking in the session and came

to see that the gesture is the same as that by which he would throw kisses) and it meant that kind of communication which is nearest to bodily contact. I have tried to show in Alan's case that his word-symbols have not quite undergone the process of abstraction. The symbolic value of his words was not worn away, hence his need to form neologisms. Alan's toilet training was no problem for the parents; at closer scrutiny we came to see that a prolonged permissiveness surrounded it similar to that around his weaning from the bottle. The persistence of this parental attitude consolidated his fixations (oral, anal and oedipal). For Alan, in latency, words have not yet become dried out, de-eroticised, dead verbal signs. He was liable to feel in any word a sensual or a representational character. This explains the ease with which he could detach the meaning of 49/49, and attach his onomatopoeic meaning of "fart" and "fuck" to it.

The pronunciation of these two "four-letter" words brings me to the other criterion of symbol-formation: the use of symbols is necessitated by repression. We do not feel, however, about our words that they are the result of repression. The only exception to this is the tiny group of four-letter words. In using these we are aware of the effect of repression. As regards the English language these words became taboo comparatively recently, having faded out from use in the puritan era of the seventeenth century (Young, 1965). In the last three hundred years, whilst in exile, the meaning of the four-letter words underwent a most remarkable change: they became swear words. Just as the word "swearing" is itself antithetical, so the four-letter words continued to signify the anal and genital organs and functions, and in addition acquired a new meaning which was the verdict of repression: that these words and their users should be regarded as being as obscene as the things they signified. As a result, languages became impoverished on the one hand by losing words designating the basic things in our life but on the other hand language gave people a valuable weapon: the use of swear words is a very strong and yet harmless outlet for aggression.

I respect swear words as the archaeologist respects fossils. They carry the message of a

great battle fought not only some three hundred years ago but also in the individual life of each of us. They are the only words left in our vocabulary which when pronounced make us feel the effect of repression. When the swear word produces embarrassment it is the battle of toilet training which is revived. When the reaction is laughter, that indicates that the original symbolical meaning of language has reappeared momentarily. We laugh for joy; it is as if our pregenital time had come back to us for a short visit. In the anal phase, before toilet training, verbalization was a symbolizing game; we all understood and spoke Schreber's basic language. Both currencies were simultaneously used: the sensual objects and their corresponding words. The world was exciting, the bodies of children were mapped out by us explorers and the discovered and wrongly discovered parts got names and names got functions. In that game of exploration and naming the parents took part; no disgust and shame existed and the authorities were at least at times our playmates changing the nappies, pulling chains, touching the bodies, and calling everything by names. In the nurseries you find all the needed words. The anal and phallic organs and functions have their nursery names; only their "senior" words are missing in our languages; repression impeded these words from growing up, as it were. Moreover all these nursery words are onomatopoeic words.⁴ The anal (or pregenital) child does name his world symbolically. To return once more to Schreber and to swearing: "In the course of their purification 'souls learn the language which is spoken by God himself . . .'" There are many phrases in which swear words are combined with names for the deity. These oaths are condensations showing the mark left by the oedipal conflict on language development. Up to a point, the parents, God, the superego took part in the instinctual and verbal discoveries; and then they turned on the children, forcing repression. Rebellion is discharged in swearing.

It is obvious that after the decline of the oedipal phase the structuralized superego becomes the guardian of rules and conventions. To talk in an obscene way means to break the superego's rule of decency, and to come but one step removed from obscene deeds (obscenity

⁴ Alan and Jimmy used to indicate to each other their mood of the day, under which flag they were sailing as it were, calling out after breakfast "I am on busoms", "I am on willies", etc. Jimmy played second fiddle but he understood Alan perfectly. One day Alan asked the mother what does "spasm" mean? She answered that

it meant "tensing up". Soon the children were heard shouting this word to each other and then developing it into "humpeting spasm"; for them this meant the mood of erection. For the children, words were functional. When meeting a new word it was as if they were inquiring from that word: what feeling do you imitate?

meaning equally anal and genital things). We all share this belief. Language connects us horizontally and longitudinally with groups; traditions and prejudices surrounding the use of language constitute the strongest links between our and our ancestors' superego.

A sense of rule is, however, among the precursors of the superego. The abstractive process of verbalization removes us from tangible reality and contributes to the ability of thinking about things and ourselves with that distance which Waelder recognized as the later superego's fundamental attribute. The new tool, the word, brings about a new style, which is the style of the reflective man; we may call him "*homo loquens*". Verbal thinking, a faint light in the darkness of the universe, is nonetheless our most highly evolved possession. The change-over from anal-concrete interest to verbalization is, in a way, a displacement upwards though certainly not in the sense of anal versus oral zones. Freud (1923) wrote of the role of words that

"when a hypercathexis of the process of thinking takes place, thoughts are *actually* perceived—as if they came from without—and are consequently held to be "true."

The linguistic system enables our thinking to relate things in a reality-adapted way. A network of rules is introjected, at verbalization, from without and therefore identified as valid and real. Rules come from outside—and from "above". People look upwards in prayer, or for any kind of help. To believe something pertaining to ourselves we project the recognition upwards, sometimes quite far onto the sky. Personification is a stage in our search. The parents were tall people. We looked upwards to them for play, and love, and need—satisfaction. Their derivative has long since moved into the mental sphere, but when in need we still search their face regressively outside and above us. There we might find, in their place, a rule: the immutable Laws of Nature are above us and outside. Upon these we can rely, we have to rely.

REFERENCES

- BALKÁNYI, C. (1961). "Psychoanalysis of a stammering girl." *Int. J. Psycho-Anal.*, 42.
 — (1964). "On verbalization." *Int. J. Psycho-Anal.*, 45.
 FREUD, S. (1905). *Three Essays on the Theory of Sexuality*. S.E. 7.
 — (1911). "Psychoanalytic notes upon an autobiographical account of a case of paranoia (dementia paranoides)." S.E. 12.
 — (1913). "The theme of the three caskets." S.E. 12.
 — (1915). "Instincts and their vicissitudes." S.E. 14.
 — (1915). "The Unconscious." S.E. 14.
 — (1917). *Introductory Lectures on Psycho-Analysis*. S.E. 15-16.
 — (1923). *The Ego and the Id*. S.E. 19.
 FREUD, S. (1926). *Inhibitions, Symptoms and Anxiety*. S.E. 20.
 PELLER, L. (1964). "Language and its prestiges." *Bull. Philadelphia Assoc. Psychoanal.*, 14.
 SEGAL, H. (1964). *Introduction to the Work of Melanie Klein*. (London: Heinemann.)
 WINNICOTT, D. W. (1953). "Transitional objects and transitional phenomena." *Int. J. Psycho-Anal.*, 34.
 — (1967). "The location of cultural experience." *Int. J. Psychol-Anal.*, 48.
 YOUNG, W. (1965). *Eros Denied*. (London: Weidenfeld and Nicolson.)
- Further references to the topic of verbalization, including some references quoted above, appear in my previous article (Balkányi, 1964).

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BEYOND TRAUMATIC NEUROSIS¹

A Psychoanalytic Study of Late Reactions to the Concentration Camp Trauma

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If one consults the Greek dictionary in reference to the word "trauma" one will find the following meanings: a wound, a hurt, a damage, and in an implied sense, a heavy blow, a defeat. The last of these meanings contains also the implication of making a decision, namely between acceptance or non-acceptance of defeat. In this way the ancient Greeks had anticipated Kardiner who wrote (1941) that after the pathogenic trauma

follows a continual and often fruitless struggle to recapture the tools of mastery that have been lost, and in serious cases a final acceptance of defeat.

A psychological trauma can be defined as an onslaught of stimuli upon the ego, which overwhelm the ego either because of their massiveness or because the ego is too immature to cope with this kind of stimuli. In other words, an adult ego can without regression be just as weak as an immature ego if the impact of stimuli is too excessive relative to the stimulus barrier. The resulting breach in the stimulus barrier induces a struggle for undoing or restitution—*Wiedergutmachung*—especially if the damage was not caused by a simple accident and a lack of caution of the individual himself but by a pathological society. Therefore, the war neuroses are based on a conflict between the patriotic acceptance of the trauma as a sacrifice in the service of the fatherland and the non-acceptance and opposition against the symbolic metaphor of the *Landesvater* (father of the country) or uncle and the parental role assumption of a recidivist war society. This essay, however, will deal with reactions to traumata for which even this conflict is non-existent because the pathological society or agency responsible for the traumata made no secret of the fact that the infliction of these traumata was intended as an intrinsic part of its

political programme and that a patriotic acceptance was not only not expected but rejected.

The topic of traumatic neurosis was introduced by the discussion on the psychoanalysis of the war neuroses at the 5th International Psychoanalytical Congress in Budapest in 1918, and has again moved into the foreground during and after World War II. When Freud turned a cold shoulder to the observers of the traumatic neuroses of World War I who had

announced triumphantly that proof was now given that an endangering of the instinct of self-preservation can produce a neurosis without participation of sexuality

and when he emphasized his assumptions even more strongly (1926), it seems that unintentionally he had turned traumatic neurosis into an embarrassing topic. Traumatic neuroses are mentioned in the psychoanalytic literature especially after World War II almost only for the purpose of denying their existence. Most authors came to the conclusion that there is no specific neurosis created exclusively by war conditions (Fairbairn, 1943; Kardiner, 1941) and that traumatic neuroses do not constitute a separate disease entity, but consist of various neurotic reactions similar in cause and effect to all other neuroses and distinguished only by the sharpness and severity of the precipitating factors (Grinker and Spiegel, 1945). Furthermore, the emphasis was put on latent predisposing mechanisms which were triggered off by the trauma, on old conflicts over which the damaged and intimidated ego had lost control (Grinker and Spiegel) or on a specific emotional vulnerability (Saul and Lyons, 1952). Brenner (1953) points out that the literature supports Freud's doubt that objective danger alone can give rise to neurosis without the participation of

¹ This paper in its original form was presented at the 51st Annual Meeting of the American Psychoanalytic Association in Los Angeles, May 1964, and at the

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the deeper unconscious layers of the psychic apparatus, or that a terrifying experience can of itself produce neurosis in adult life. An event is traumatic, Brenner feels, because of its relation to the individual's unconscious conflicts rather than of the intensity of the physiological sensory response it occasions. Cohen (1951) sees in the traumatic neurosis only a "normal" neurosis and is convinced that the nearer a neurosis is to the character of a traumatic neurosis the better the prognosis and the greater the chance that even brief psychotherapy will prove effective. Brosin (1960) even reduces the clinical entity "trauma" to a commonplace event when he asks "who is not the victim of a *petit* traumatic neurosis day by day?"

Already prior to, but mostly during World War II people were exposed to psychic traumata for which language has no words. In the search to attach a diagnostic label to the psychic sequelae of these traumata the term "traumatic neurosis" intrudes willy nilly upon the investigator. We know from Freud that "There is a repetition compulsion in psychic life that goes beyond the pleasure principle" (1920). My assumption now is that these psychic traumata go beyond the concept of traumatic neurosis, and, even more, that they go beyond any human concept. I am referring, of course, to the traumata suffered by Jewish survivors of the German concentration camps and I want to point out that statements made by psychoanalysts that "external events, no matter how overwhelming, precipitate a neurosis only when they touch on specific unconscious conflicts" (Rosenberg, 1943), need revision as far as the survivors of the camps are concerned. Such statements can also easily be exploited as an admission of an inferior Jewish unconscious and an "Anlage conditioning" for neurosis, thus a confirmation of the theories of the Third Reich.

Eissler (1963) pointed out the contradiction that these individuals were originally condemned to the tortures and atrocities of the camp because of their "Anlage" and years later when as victims of the theory of Anlage they claimed restitution they were told for a second time that it was their Anlage which condemned them to their sufferings. He declared the objection based on Anlage-conditioning as immoral. Actually the traumatic insults were so

severe that only Anlage-conditioned mental defectiveness could account for the absence of late psychic reactions (Uexkull, 1962). When Freud expressed his doubt that a terrifying experience can of itself produce neurosis in adult life, he could not have foreseen or imagined the terror practices of the SS which were designed to exhaust anybody's personality resources regardless of the presence or absence of specific conflicts in the unconscious. An insistence of investigators on finding some latent predisposition for the personality breakdown betrays their unwillingness to imagine the full impact of the terror.

As a rule, even those who had opportunity to collect full information shut their ears when confronted with one of the survivors. There has been some change since the Eichmann trial, but the wise words of Jones (1945) have still full validity that

it may be doubted whether any but the actual victims have the power of imagining such things with any degree of vividness except those who derive a directly sadistic pleasure from the thoughts or accounts of them, and such indulgence has of course little social value. As a rule the mind recoils from the horrors either violently or angrily or more often withdraws by all the varieties of denial and discounting to actual complacent ignoring.

I survived a concentration camp but I regularly made the observation that people did not really want me to talk about my experiences and whenever I started they invariably showed their resistance by interrupting me by asking: "Tell us how did you get out?" It is the "Schwamm d'rüber", the gloss-over-it attitude which also explains the paucity of psychoanalytic literature² on the concentration camp. What goes "beyond" the average traumatic neurosis is the guilt that the concentration camp experience evokes in the person who was spared the trauma and feels the need to defend himself against its impact by empathy and the resulting reaction in the person who suffered the original trauma. Niederland (1964) calls it the "Schweige-Agreement", i.e. a mutual agreement between interviewer and victim not to go into any details about the camp experience.

Of great practical help in differentiating a war or combat neurosis from concentration camp reactions is an article by Rado (1942). He begins

² At time of writing—summer 1967. (There is a Symposium on psychic traumatization through social catastrophe in the last issue of the *Journal*.)

with the pre-traumatic period in which the soldier in facing the novelties and dangers of military life is provided with various psychic resources, notably his sense of duty, which is backed by his desire for self-respect. Rado does not mention the inculcation of the boy with patriotic history-writing and patriotic slogans of which all relate masculinity with fighting for the fatherland. He refers to a compliance with the demands of conscience which brings a sense of stature and security, and he emphasizes a moral force being thus created which may be so powerful as to increase vastly the soldier's strength and endurance. Again without being specifically mentioned by Rado, this endurance will extend into the rigours of life in a prisoner-of-war camp.

For the future concentration camp inmate the pre-traumatic stage was ushered in by the "Umbruch" which was indeed the breaking up of all human values, especially of human rights and in particular of the human rights of the Jews. At the same time it meant the establishment of a new feudal aristocracy recruited from the ranks of the hooligans of the SS. The Jew had already been acquainted with anti-Semitism based on the religious accusation that he was guilty of the execution of a legendary Christ by the Romans and in a manner that the Romans used on the captured Spartakists whose crosses lined the road all the way from Rome to Capua. But the series of humiliations that he suffered now was systematic and when he heard the yelling in his ears "Juda verrecke" it did not simply mean "Juda perish" but "Juda perish in anguish and agony and in contempt". Usually he had already lost his job or business, his career was shattered, and he wondered whether he should commit suicide, as many did, feeling that it was a fruitless struggle to recapture social stature and security after they had been forced to scrub the privies of the new aristocracy. Nevertheless, the majority still could not accept that civilization had definitely come to an end. Therefore, even on the transport to the camp, which actually should be included already in the traumatic period because the SS guards were encouraged to utilize it for sadistic games and received awards for captives shot supposedly in the attempt to escape, most captives still held on to the illusion that the SS had merely got out of hand and that the destination of the transport was some sort of semi-military or boy scout camp in the fresh air. In the traumatic period the soldier, according to Rado, has to deal with the conflict between his unconscious

anxiety mechanism of emergency control which insists in removing the danger either by flight or by mad attack, even at comrades and superiors, and his newly learned military technique of doing his duty while ignoring the danger to his life and regressing to the delusion of invulnerability and immortality.

It is pointless to compare the arrival of a soldier on the battlefield with the arrival of a prisoner of the Gestapo in the concentration camp, where the captive suddenly found himself in a world as weird as an asylum run by the insane and an Inferno that defied the imagination of a Dante. As far as being overwhelmed by his emergency controls, he had no flight open other than into the electric wire charged with 380 volts and in front of the machine gun towers placed at equal distance and together with the wire surrounding the camp. He could attack his comrades, maybe even one of the comrades who, appointed by the SS to be in charge of his quarters, were called 'block eldest' and 'room eldest' in contrast to the 'block Führer', the SS petty officer in charge. However, if he experienced the trauma in accordance with the definition by Kardiner (1941) as an abrupt and transitory stoppage of his efficient personality operations and an inability to meet the demand of the new situation, after he had been the object of the rudest physical brutality he learned quickly that only rapid submission could save his life, at least temporarily. He had to learn to effect a balance between a life-saving apathy in regard to his environment and an ever-ready alertness. The warning word whispered by one captive to the other was "achtzehn" (i.e. eighteen) a derivative of "Achtung" (attention). He could not afford a traumatic neurosis. As a matter of fact, getting any illness was a catastrophe in the camp and if there was any question of pretending the captive learned soon that he could survive only by always pretending to be strong and healthy. He had to avoid the dangerous consequences of "Auffallen" (drawing attention to himself) which consisted in stimulating the endeavour of the SS for "fertig machen" (i.e. making him ready for the crematorium).

The soldier, by persisting in allowing his emergency controls to take over in many instances really manages to remove himself from the danger to his life, even if only by getting incarcerated; if the captive provoked any of the infamous camp punishments he merely accelerated his demise and most surely and rapidly

by incarceration in isolation in the black bunker.

The post-traumatic period of the soldier is divided by Rado into an early and a late stage. In the former, after an initial brief period of apathy or stupor, a state of general excitement soon evolves and is punctuated by outbursts of anxiety which perpetuates itself by the soldier's unconscious illusion that he is still in the thick of his critical experience and is expressed in terrifying dreams and in the waking state either in paralysis of his perceptual and motor functions, accompanied by self-centred, self-pampering behaviour, or in a seemingly self-assertive manner by manifestations of his pent-up rage. In the late post-traumatic period the trauma, originally representative of the threats of war, comes to stand for all prospective dangers so that the personality is under a traumatophobic regime. The liberated concentration camp survivor, if he was not physically too weak from starvation, was in a state of excitement in which he was possessed by the frantic search for a possible survivor of his family, therefore he had still no time for a traumatic neurosis. Sperling (1950) was surprised by the delinquent behaviour and the ingratitude of the survivors of the death factories. He interprets that as long as they were behind barbed wire they had to keep their rebellion suppressed but it was "at least directed against the enemy". After liberation there was nobody to hate and they could not help but turn the released aggression against their benefactors:

When they were convinced that they were not being punished they behaved like wayward youths; what the cruelty of their tormentors had not succeeded in doing was achieved by the kindness of their benefactors, and they developed psychoneuroses.

It is evident that it was a maximum of aggression that these survived candidates for the gas chamber had accumulated during their captivity but they did not expect anything better than hostility from their enemies. They had, however, cherished high expectations from their liberators. They were sure that at last they would be allowed and even encouraged to unleash their dammed-up aggressions on their tormentors but were startled and frustrated when their tormentors were protected from the deserved vengeance and many even helped to escape. Liberation was a disappointment and a new trauma in many aspects, especially insofar as the gruesome sight of the captives aroused the

anxiety and collective guilt of their liberators which, transformed into hostility, was projected upon the captives.

Trautman (1961) and Venzlaff (1958) compared the fate of the returning disabled war veteran or the liberated prisoner of war with the fate of the liberated concentration camp survivor. For the home-coming soldier the reinstallation into a normal social life was facilitated by all sorts of auxiliary measures, such as public charity, the fatherland's honouring of the heroes, and the fulfilment of his deep desire to return to his family where he found nursing care, safety, protection, and understanding. There was no home-coming for the survivor of the concentration camp. No home, no gratitude of the fatherland, no job or property were waiting for him. In contrast to the soldier who was taken under the protective wings of his family, the concentration camp veteran returned to a stamped-out vacuum. Where the soldier veteran found refuge and shelter, the concentration camp veteran was faced with inconsolable isolation. Uprooted from his native soil he searched for a homeless future in a strange country with a foreign language.

Bettelheim, who was in Block (barrack) 12 in Buchenwald while I was in the neighbouring Block 13, wrote an early comprehensive book (1960) on the concentration camp from the viewpoint of the psychoanalyst and it was probably because he had not then acquired enough distance from the experience and had to obtain inner relief from his residual anxiety that he made a number of controversial statements. He blames the frantic holding on to property as the reason that so many Jews missed the opportunity to leave as long as there was still time. Of course, leaving the place of one's upbringing and countless attachments was indeed a source of deep separation anxiety, but it was also extremely difficult for practical reasons. It was a disaster unprecedented in history that a whole nation should go berserk, but worse than that, nobody in his right mind could have anticipated that all the civilized governments, including the Vatican, would surrender to Hitler's cabinet of hooligans. It went even beyond Hitler's own most cheerful expectations. Therefore, it was not the holding on to property but to their faith in humanity that induced so many Jews to stay behind and to wait for the spook to pass. Bettelheim does not disregard, but fails to draw conclusions from the fact that the countries adjoining Germany had

not opened their borders to welcome the fleeing Jews. The borders had to be crossed illegally and the restrictions of the American quota system alone have cost the lives of thousands of Jews waiting for visas.

There is, further, Bettelheim's surprise about the cooperation that the SS received from their victims. They had often opportunities to "overpower their armed guards. Even if some prisoners had been killed in the process, the majority would have been free to join partisan groups. At the very least they could have enjoyed a temporary revenge without loss to themselves". He quotes Hoess, commander of Auschwitz, wondering why the prisoners did not revolt; but would not Hoess be the first one to announce that the prisoners themselves were to be blamed for succumbing in such numbers, not the SS? "The prisoners knew they were destined to die and still made almost no effort to revolt." Bettelheim called this committing suicide without any effort on their own, intimating that it was quite different from the heroic act of committing harikiri. He explained that the "docility" of the prisoners was caused by their pent-up hostility which "devoured their emotional energy". He emphasized that exaggerated hostility was on their side but while the SS men could express their hostility freely, the Jews had to turn it against themselves. No wonder that "the twin process of repressing all hostility and inflating the terrible image of the SS devoured almost all their energy". Bettelheim disregards that the anti-Jewish need for defence by projection is so great that such statements can be misinterpreted as proofs that it was not the murderer's fault but the victim's and that the Jews are cowards, which is exactly what Bettelheim apparently tried to disprove. After all, who were the first partisans to resist the most powerful war machine in the world for three weeks? The Jews, and without parachuted supplies from the Allies that the Polish and the French partisans had. Groups had been formed of Jewish youth in Poland already before the ghetto was set up and in the early days of the ghetto, but they were made to feel responsible for mass murder of their own people because of the rage they would incite in the German monster. The Poles went after business as usual while on the other side of the Vistula the Germans crazed by fear and fury attacked the ghetto with flame throwers and fog gas.

I want to remind Bettelheim that both of us

could witness in the camp an example of the anxiety that could be aroused even in the Nazi hierarchy by a good military performance of the Jews. One day Himmler came for a visit to Buchenwald and the captives were commanded to honour him with a parade march. At the roll call on the next morning Roedl, deputy commander of Buchenwald, made another one of his speeches in a Bavarian dialect for which he was nicknamed by the captives, the Sophocles of Buchenwald: "The Jews have put in an excellent parade march yesterday. If that should happen again the block eldest of all the Aryan blocks will get twenty-five (whip lashes) on the ass." What could be more devastating to the morale of the SS than an exact military performance by the Jews? Therefore, as monstrous as it may sound, the SS could have been worse and most likely would have been worse if the Jews had resorted to hopeless resistance. The Jews knew this. Roedl had once confided to one of the Vehme murderers who had aroused the anger of Hitler and therefore was sent to Buchenwald, but of course belonged to the hierarchy of inmates, that in case of any organized resistance by the Jews he would set the torch to all the Jewish blocks and have machine-gunned the occupants as they tried to escape the flames. Besides the overwhelming military power of the military security formations it was the knowledge of the unprecedented retaliatory strategy of the SS that made any thought of rebellion in camp unpopular. I remember an occasion when a reprisal was made on all the occupants of Buchenwald for the successful escape of two prisoners. All blocks had to stand at attention in freezing temperatures a whole winter night until the morning when the two fugitives were picked up by the Gestapo, returned to the camp, and hanged under the eyes of all the captives. The camp Führer's relief was so great that he had a piece of blood sausage distributed among the captives, but that could not be enjoyed by the numerous victims of that night who were dying of pneumonia.

The historical examples of the retaliatory fury of the Nazis are well known. The revenge for the assassination of von Rath by Grinspan was the Reichs-Crystal Night, the first mass action against the Jews in the style of a pogrom; after the assassination of Heydrich by Czech heroes they were retaliated upon by mass executions and the razing of Lidice; the ghetto of Warsaw was attacked with tanks and flame throwers and

every building was razed to the ground, and a similar fate was met by Oradoux sur Glans in retaliation for a successful action by French partisans.

Returning to the topic of late psychic reactions of concentration camp survivors to their severe traumatization the following case histories will be illustrative.

Rosa lived in a small town in Carpatho-Ruthenia, the easternmost part of the CSR, which Hitler ceded to Hungary in 1939, but not without his insistence on the introduction of the racial laws of Nürnberg. Rosa was then 15 years old, the only girl in the family and the oldest of six children. Her father owned a transportation company with buses and taxis, but immediately lost his licence. Soldiers and horses moved into their requisitioned home and the family had to move into the garage on which a yellow star had to be affixed. Rosa and her brothers were no longer permitted to attend school. She learned to sew dresses, but forced to wear the yellow star she was ridiculed and harassed on her way to work every day. Her father who had tried to get some meat for his hungry family was betrayed to the Gestapo and put in jail for four weeks. On Passover in 1944 when her father was praying with his prayer shawl on, the SS stormed the house and the father was beaten mercilessly in front of the family. Two days later it was announced that all Jews had to assemble at the synagogue within one hour, carrying food and mattresses with them. The agony among the Jews was indescribable. They were secluded in a ghetto consisting of one square block and all the windows had to be nailed down with wooden boards so that nobody could look out to the street. Every morning at 5 a.m. Hungarian soldiers came for the Jewish girls to scrub the streets of the city outside the ghetto. After four weeks the ghetto was dissolved but the SS announced that there was no reason to fear, that they would be resettled and that the families would remain together, only the children would be housed separately, and all adults would have to work. They were handed a piece of bread and herded into cattle wagons without water and privies and packed so tightly that they could not even sit down. The heat and stench were unbearable, people died and others were lying on top of them. This was the transport to the extermination camp which lasted nearly a week. The arrival in Auschwitz was staged by the camp leadership with greatest refinement. There was a detachment of SS with loaded guns, the bloodhounds barked, and gay German soldier songs were transmitted from loudspeakers. Rosa's grandmother who had broken a leg was dragged away first. Rosa's youngest brother who ran after her was hit by an SS guard with a whip in the face. The grandmother was shot at once and the brother whose face was covered

with blood was dragged away. Suddenly her father disappeared and in a panic she held on to her mother but the capos separated them. They pushed her one way and the mother another and she was alone. After her hair was shorn she looked so infantile that at the roll calls the women took her in the middle of the formation so that she would not arouse attention and be selected for extermination like all the children except the twins who were taken to the infirmary every morning for so-called scientific experiments and returned to the barracks again in the evening. She had to share her bunk with seven other girls so that when one wanted to turn over all eight had to turn at the same time. She soon felt emotionally blunted and did not even think of her dead parents and of her grandmother whom she had seen shot. One day one of the SS Walkyries in the green uniforms noticed her taking a sip of water during working time and hit her with the belt buckle in the face. She has a scar over the left eye and her left ear lobe was torn off. Finally she was "selected" but for nightwork in a munitions factory in Gelsenkirchen, camouflaged with heavy stones which the women had to carry away every evening and return again in the morning. One day the factory was bombed by the British and five hundred women were killed on that day. The women were ordered to march to another factory and after this was bombed too they began their four weeks' death march to the East on which those who dropped from exhaustion at the wayside were shot immediately by the guards. The SS women were the worst, for whenever Allied airplanes were overhead they cursed the Jewish women and wished them to be killed, but the planes dived and the gunners could see what a wretched column it was. On 14 April 1945, after the SS guards had suddenly disappeared, the women were liberated by the American Army. From over two thousand who had left Auschwitz-Birkenau fewer than one hundred were left. Now Rosa felt sick for her parents, did not give up hope that some member of her family might be alive, and took the first opportunity to travel through Czechoslovakia. She could not find anybody, but while staying at a Displaced Persons' Camp she met a man who was employed there as a guard and married him.

Rosa, who was now 39 years old, came to each interview accompanied by her husband, who worked for his father who owned a taxi company. Shedding tears, she admitted that she had not been out of the house unaccompanied since she got married in 1945. When she left the house she got so dizzy that she did not know what was happening to her, especially when she had to cross the street. While her husband is at work her three children, the 17-year-old boy and the twins, a boy and a girl 14-years-old, took care

of the household and went shopping for her. Characteristic for this patient was her ego impoverishment or inner emptiness, a direct reaction to the extinction of her family and the sudden and brutal stamping out of every bond and sentimental attachment to the significant people and places of her childhood by the holocaust. It was for this reason that the street had no cathexis for her except a hostile devouring one. Her agoraphobia was an externalization of her ego-impoverishment and her fear of ego-evacuation or dissociation by the street. Correlated with her ego-impoverishment was her addiction to pregnancies. In the first four years of her marriage she had six pregnancies, three of them ending in miscarriages. Her addiction to pregnancies, later followed by an addiction to surgery, represented a repetition compulsion in regard to filling the inner vacuum and also to undoing the genocide committed by the Gestapo. The agoraphobia was also reminiscent of an incident in Auschwitz when one morning in a rigid hysterical catatonic-like state of immobility she had refused to go to the roll-call though she knew the refusal would have meant her certain death. Her women friends had to pull her out of her bunk and drag her to the roll-call. After the alternating stages of being filled during her pregnancies and emptied by the deliveries and following a tubal ligation no longer emptied of children but of a gallbladder, appendix, and an enlarged thyroid, she arrived once again at the Muselmann stage of complete apathy. The captive in that stage has given up any further attempts at adjustment and is ready for the gas and the crematorium. This experience explained her repetitive nightmare in which she walked and came to the edge of a cliff from which she fell down while the SS troopers were waiting beneath to grab her.

Sarah, a pretty 43-year-old woman, had a number tattooed on her left arm above the wrist. Like Rosa she was tied to her home by an agoraphobia and went out only if accompanied by her husband. One of her two sons went shopping for her. She had no difficulty enumerating her somatic complaints but only with great resistance would she talk about her sufferings during the Nazi persecution. When she did, however, it was astounding how vivid the details of her frightful experiences had remained in her memory for so many years.

She was born in 1921 in a village near Bialystok in east Poland where her parents operated a small

food store. She was the second of five daughters and after she had finished elementary school she became an apprentice in a dress shop. When she was 20 years old the German army invaded the village. Her sewing machine was confiscated, her parents lost their shop, and the family had to move to the overcrowded quarters of the ghetto which was surrounded by barbed wire. Yellow badges had to be sewn on the clothes and the girls were sent, accompanied by armed guards, to clean the SS barracks and to dig potatoes in the fields. One day in 1943, when she was 23 years old, it was announced that the ghetto was to be evacuated and the inhabitants had to pack their possessions for resettlement. A panic broke out, many people ran into the wire, were shot, and were hanging in the wire. She, her parents, and her three sisters—one had emigrated to America in 1938—were transported for three days in a sealed-off cattle car, without food or water. When the transport arrived in the extermination camp half of the car was already filled with corpses. The SS guards were waiting at the ramp with bloodhounds and rifles with fixed bayonets. A young mother gave a deadly injection to her own child. When the SS corporal who made the "selections" approached Sarah's mother the sisters in tears begged him to spare her, but he pushed the mother's shoulder with his rifle butt; she fell down and the capos grabbed her. She could still see her mother's big sad eyes when she was dragged away. Then Sarah had to say farewell to her father who had resigned himself to his fate and was only concerned in consoling his crying daughters.

Her older sister was separated from her and transferred to another camp. In the barracks to which Sarah was finally assigned, space was made for the new arrivals by sending some other girls from her home town who had lost their minds, for extermination. Sarah's youngest sister, Ruth, fell sick with fever and chills but did not dare to go to the hospital for fear of being sent into the gas, but after a few days was transferred anyway to the barrack in which the next candidates for the gas chamber were assembled. Sarah learned of it after she returned from her outside work one evening. She sneaked off to her sister in spite of the prohibition and looked through the window. Ruth complained how terrible it was inside and that she was freezing. Sarah ran back to her barrack, climbed up to her sleeping bunk, and tore off a piece of her blanket which, hidden under her blouse, she brought as a last token of love to her poor sister.

Other experiences indelible in her mind were the hangings of five women during the roll-call, one of them trying to commit suicide with a razor blade before she was hanged, and their remaining on the gallows for a whole day. Sarah was selected twice for donating blood for the German army without increase in her food ration.

One day in 1945 no labour force left the camp

any more. At night the camp was evacuated and the captives were commanded to march on the snow-covered country road. Many could not keep pace and were shot on the wayside. When the rest reached a railroad station in the morning they were packed into flat, open freight cars and transported another day and a night to the concentration camp Ravensbrück. This camp was so overcrowded that the new arrivals had to spend the night outside and next morning were crammed into a barn. In March 1945 there was such a shortage of food and the camp was in such a state of chaos that the prisoners were no longer ordered to forced labour. However, the rumour was spread that the barn would be set on fire and the captives who tried to escape the flames would be shot. She managed to slip out of the barn and to fade into the crowd in the open camp. Soon afterwards Ravensbrück was evacuated and the women were again commanded to march. When after a whole night's march they stopped for a rest they noticed that the SS guards had taken to their heels and that they were free. She was not even happy and she did not know what to do. She was searching for her older sister but could not find her and suddenly became aware that she was alone in the world. The women broke into an abandoned house to search for food and somehow they managed to find their way to Munich. They received food packages from UNRA and Ruth was sent by the Jewish Relief Agency to a D.P. camp where she met the man to whom she immediately got married, another survivor of a concentration camp.

It was in the D.P. camp that she got pregnant and gave birth to a boy, but by Caesarian section. She was unable to breast-feed the baby and was not even able to hold and bottle feed him. She was in the grip of fears that she would drop the baby or would do harm to it otherwise. She was never seen on the street with her child and soon she avoided the street altogether.

Her sister in the United States had signed a so-called affidavit of support for her but the quota was filled and she had to wait a few years in the D.P. camp until she received immigration visas for herself, her husband, and her child. After arrival in the U.S. she had two miscarriages and then was delivered of another child, again a boy and again by Caesarian section. All the previous symptoms reappeared. She was afraid of touching, holding, and feeding the infant, his care was left to her husband who is two years her senior.

However, now in her anxiety dreams she pressed an infant tightly to herself and while she was desperately trying to run away from a persecutor who wanted to snatch the child away from her she woke up screaming: "No, no!"

In another dream she was in a room and looked out of the window—like her sister before she was gassed—suddenly she saw fire everywhere. She ran in panic but stopped and remembered that her mother was still in one of the rooms in the back and called desperately for her. In a corresponding dream she called for her sisters. Characteristic was a dream in which she and hundreds of other women were pulled up high in an open elevator and then all blood and fat was sucked out of the women and pumped through pipes into a big kettle.

Margot, a 45-year-old Jewish woman, could maintain a brittle psychic balance only as long as she enumerated the multitude of her somatic complaints. As soon as she finished relating them she fell into a depressive silence which was interrupted only by her loud sobbing. She had great difficulties in relating her traumatic experiences to which she obviously had still not acquired enough distance.

She was born in Berlin and was next to the youngest in a family of six children. Her father maintained a wholesale dry goods business and the family lived in modest prosperity. She was a healthy and pretty girl and her ambition was to become a fashion designer. However, at the age of 15 when she was old enough to go to art school it was 1933, the year of the "Umbruch", and no college would accept her. Through business connections her father was able to get her the job of a cutter in a laundry factory and she could also use her talent of designing to some degree. But it was a Jewish firm, and in the year 1938, when she was 19 years old, the firm was aryanized and she lost her job. The traumatic events followed in rapid succession and after the notorious gruesome experiences of the "Aussiedlung" into the ghetto of Tarnow came an experience that she reported only after some persuasion. One day in Tarnow an SS officer ordered her, under the pretext that her Jew badge was not in order, into his office and raped her. Soon thereafter the resettlement transports from Tarnow started, three of them, until Tarnow was "purified of Jews". The victims had to bring all their goods and chattels to the place of assembly and to sort it there carefully before the SS troopers confiscated them. Ten thousand Jewish people were selected for the first transport, among them the parents of the patient, and a great number of them were shot on the spot. Margot from then on kept herself hidden in the aryan district in a basement and also got married there. The marriage saved her from suicide out of guilt that she had not accompanied her parents on their road to death. The only memory of her wedding day is that a number of Jews who had taken leave from forced labour on account of illness had been shot in front

of the labour office. She could not live with her husband until six years later, after she had survived the atrocities of three concentration camps.

Margot had a repetitive dream: the gestapo is knocking at the door: "Open up, open up, we want the child." She is pressing a little girl to herself and yells back: "I am not giving her to you, this time not." The Gestapo agents are shooting and the patient woke up screaming and bathed in sweat.

Aside from the fact that Margot had three daughters, aged 16, 14, and 12 years old, the dream was correlated with a particularly hideous experience in the camp. In the sealed-off cattle wagon in which she and hundreds of other Jewish women were transported to the death-camp she had kept one of the two little girls of a mother hidden under her coat. The mothers had given sleeping drugs to the children so that they would not betray their presence by crying. However, at the arrival in camp the women were forced to undress immediately and to parade to the roll-call place in the nude while the smuggled-in children were taken away from them. Thirty-five children were discovered and Margot remembered that one child had just bitten into an apple which the SS guard pulled out of the child's hand at once. Infants were killed by dashing their heads against a brick wall or by being thrown into the air and shot at for target practice. The rest of the children were driven up an elevation and shot there; and while this dreadful spectacle was being enacted a loudspeaker tried to drown out the shrieks of the children and the laments of the mothers with a gay song the words of which were: "I am riding to heaven, mommy good-bye, good-bye, I am riding to heaven, mommy good-bye."

None of the three patients, apart from their state of severe traumatization, showed the other criteria of traumatic neurosis. They were not predisposed and their shocking experiences did not trigger off a pre-existing infantile conflict. Therefore, their symptoms cannot be reduced to derivatives of the infantile period and they cannot be approached therapeutically in the usual manner.

All three women when I interviewed them were in a state of chronic depression in which their vital energy had been pumped out of them, as it is depicted in Sarah's third dream. The phobic or somatic overlay was a defence against deeper depression. Each of them had married the first man they could lay eyes on after liberation in an attempt to fill the vacuum into which the holocaust had turned their world. Since the husbands represented only lost parental images

the marital relationships were unconsciously incestuous and consequently the women were frigid. The pregnancies served the same purpose as the marriages, of filling a vacuum, and in each case the deliveries were not looked forward to but were dreaded as repetitions of the feared forceful separation from the children.

I am coming now to my own camp experience to which I have already alluded before. It was at the time prior to the War, and before the "Endlösung" (the final solution), i.e. before the mass extermination of the Jews was conceived. It was the time when the camps were used "merely" for the continuous supply of slaves to serve as objects for the training of the SS in sadism and cold-blooded murder and when the Jewish inmates, after an indefinite period of captivity provided they survived it, could expect release and freedom if their relatives delivered guarantees for their immediate emigration from Germany. This was however extremely difficult, not only because the countries bordering Germany had closed their frontiers to Jewish refugees but because these refugees were not permitted to take out any money or valuables from Greater Germany, a law which greatly impeded the illegal crossing of borders.

Naturally I was not only much older but also on a better fortified level of political and psychological sophistication than the three women victims of the Gestapo. Nevertheless, the impact of the camp experience and the anxiety it generated must have been powerful enough to elicit repetitive dreams which have persisted for the last twenty-five years. An analysis of some of these dreams should afford an opportunity to determine special phenomena in my own late concentration camp reactions distinctly different from those of the cases I have described.

I was released from concentration camp by presentation of a counterfeit Shanghai visa purchased on the black market and, while waiting for a valid permit for a temporary stay in England, at each dreaded personal reporting to Gestapo headquarters I was threatened with being returned to the camp for any further delay. When I was about to leave Germany at the border station in Aachen I was taken off the train by SS officers and ordered to stand with my face towards the wall, one of the individual camp punishments. It was as if they had read my mind, because before they allowed me to turn around and board the train to freedom again

they warned me that their agents in foreign countries would certainly catch me and bring me back or do away with me if I should dare to spread atrocity propaganda. Needless to say, this last encounter with the Gestapo only strengthened my determination to publicize my experiences. However, the frustration began already in England, where instead of being interviewed for valuable information, I was told to register as an enemy alien. My attempts to publish my experiences in the camp in an English newspaper met with rejection as untimely, not suitable, etc. My guarantors in England were not ashamed to suggest that out of gratitude for my salvation from the Nazis I should be converted to Christianity for lasting salvation. The American embassies and consulates in Europe were infiltrated with Nazis, which was the reason that thousands of Jews perished in Europe while waiting for American visas. The *National American*, the paper of the American National Socialist Party, in its issue of May 1938, had even demanded sterilization for all refugees entering the United States. When I arrived in the United States it was in the era of isolationism and the refugees were only an annoyance because they represented unwelcome reminders of the guilt of acquiescence which had been shrugged off with indifference.

My dreams in camp were dreams of simple wish-fulfilment of a good meal and of being released from captivity and returning home to my parents. In contrast, the dreams of my late post-traumatic period are anxiety dreams of a repetitive character with the main topic being my compelling desire to return to the camp, but before the roll-call, so that my absence would not be noticed or reported.³ The anxiety pertains to accomplishing this senseless and practically impossible task. I have to sneak back into the camp, and finding the way to the entrance is depicted as very difficult. In one dream, wooden horses and conical metal posts are placed in the midst of the highway to isolate a narrow passageway leading to the entrance.⁴ In another dream I followed secretly through the woods the trail of SS officers returning from their evening entertainment. There is also anxiety

expressed in some dreams about returning in time before the gates are closed or finding the secret entrance to the camp.

In the camp there is the pleasant feeling of reunion with the comrades whom I had left behind, shaking hands with the more significant among them who are smiling upon seeing me again. Such a dream is usually associated with a psychoanalytic convention like the following in which immediately after the "Einkleidung", the rigging-out, which stands for the registration, I talked to the capo in charge of the labour assignment and he procured a very good labour commando, which stands for a good dinner table assignment at the convention. To my unpleasant surprise I had forgotten my paper but the block eldest—the chairman of the scientific section—told me to speak from memory. In a dream that I recorded twenty years ago, I had to return to the camp but I also smuggled my girl friend, now my wife, into the camp. I wanted to introduce her to the hierarchy⁵ of the inmates and had some misgivings whether she would be accepted. In a more recent dream my wife is waiting for me in the camp impatiently as if she were waiting at home with the dinner. The emphasis again is on delay and on keeping somebody waiting.

The following dreams give an appraisal of my feelings in regard to the SS: SS guards are marching in formation carrying triangular hats and one in front has a triangular flag like a boy scout. Triangular emblems, red for political, green for criminal, and black for work-dodgers were worn by the captives on the right trouser leg and the right side of the blouse. They indicated the categories and were intentionally distributed at random to prevent the formation of sympathizing groups as possible focuses of organized resistance (Kogan 1946). The Jews wore the star of David with the additional colours red, black, green, or yellow, also selected at random. The idea had originated in the minds of the SS but the emblems also looked like the hoods of the Ku Klux Klan, a hint that it can also happen here. As if to dispel any idea of the parental image of the SS officer in one dream I found a baby in the camp, an oversized baby

³ I was once a patient in the hospital but remembered that prior to my illness I had been invited to an important party. With quick determination I jumped out of bed, got dressed, sneaked past the nurses' desk, stepped into my car and drove to the meeting. After it was over I returned to the hospital, again sneaked past the nurses, and was in bed without my absence having been noticed.

⁴ The Chicago traffic police use these obstacles to regulate the traffic in the morning and evening rush hours. The anxiety pertains to the neglect of duty by being late in the office and keeping the first patient waiting in front of the locked door to my office.

⁵ The hierarchy of the inmates are those who are influential, who are "in", i.e. the hierarchy of the professional Association.

with the ruddy face of the commander and attended by a nurse. In another dream I had donned my prisoner's garb and in civilian clothes was walking with a uniformed SS guard through the wooded area outside the camp Buchenwald down the hill to the city of Weimar. I had heard from the guard that he was afraid of girls and guessed that he hoped if he struck up a friendship with me I would help him to find a girl. The dream was a thin disguise for the attempt to treat an SS man with psychotherapy. It also referred to a verse characterizing the sexual reputation of the SS:

Von den Mädchen gemieden, von den Huren geliebt,
Innen verrotten und aussen auf Draht
Das ist der Buchenwalder Bewachtungssoldat.

Shunned by the girls but loved by the tart,
Rotten inside but outside smart,
This is the trooper of Buchenwald's guard.

A whole series of dreams deals with frustrated efforts to publicize the camp experience. Forgetting the typescript of my scientific paper is one example. In a dream some years ago I had to finish a paper before the Nazis came but it was too late. I wanted to run with the unfinished paper through a subway tunnel that would lead outside the city. I thought of squeezing myself between the electric conduits and the rounded wall of the tunnel which looked like the Underground in London, but the SS forestalled it, stopped me at the entrance of the tunnel, and warned me that I would kill myself in this foolhardy endeavour.

As a rule, the frustration of the need to publicize is connected with the anxiety about how long the internment in the camp will last. In one dream I had, of all things, been given permission by the SS to have cognac, a favourite drink of German officers, sent to me in the camp instead of the whiskey they had in their canteen, but in spite of it could not stop worrying how long I would have to stay in the camp and postpone writing my planned book. It obviously represents a bribe of the superego for abstaining from what I considered my duty.⁶

Both the paradoxical compulsion to return to the camp and the compulsion to publish my experiences have the earmarks of superego demands but in contrast to both is the persistent anxiety about the unknown duration of the internment. In regard to the compulsion to

return, my wife's suggestion in a dream that I could have the German consulate intervene instead derived from her occasionally expressed concern that the preoccupation with the camp might be too painful for me and is proposing a less strict superego. An early source of the superego was the admonitions of my foreman and closest friend in camp, a political youth from Düsseldorf, that as an Anti-Fascist I should accept that the camp was the place I belonged and the only place in Greater Germany where one need not be ashamed to be; therefore I should stop talking about when I might be freed. The contrast between the compulsion to return and the anxiety about the timelessness of the internment is clearly expressed in a dream that I recorded twenty years ago. In this dream I attended a meeting of the captives and a man—of course it was I—was sitting at the speaker's table, speaking about his attempts to intervene for them in interviews with the authorities, and that the release of the captives had been rejected. I revealed my feelings of hopelessness but they replied that I had many opportunities to escape and had used them, but each time had returned to the camp so that the situation could not be so hopeless. Which situation? The opportunities for marketing the essay or the book? The dreams are repetitive dreams and are the ego's attempt at subsequent mastery not of the trauma but of the task to alert the world and to become a witness for the prosecution before the tribunal of history. The feeling of urgency is so great that the mind is flooded with camp memories which attach themselves at random to any theme of daily life regardless of its significance. I have the inclination to forget, but there is the consciousness of a mission of which I keep reminding myself. In terms of trauma as defeat, the women patients struggled against personal defeat until they accepted it. I keep on, at least unconsciously, to struggle against the defeat of civilization. Remarkable is the fact that I never dream about specific traumatic experiences in the camp such as the following:

One day, on one of the dreaded outside labour commandos, where I was picking up gravel with bare hands, filling it into a wooden box, and carrying this together with another inmate, like two mules, to a different location to empty it out, I used the opportunity while my comrade was on the latrine and the foreman out of sight to throw myself on a spot of green grass and light a cigarette, look up to

⁶ By association it refers to having a pleasant time with my wife after dinner instead of rushing at once to my desk to write.

the blue sky and enjoy being alone, an unattainable pleasure in camp life. It did not take long before an SS guard stood over me pointing his revolver at me. Though he could have reported me as shot in an attempt to escape he did not shoot. He impelled me to run ahead of him back toward the camp past the gate and to the wall where I was ordered to go into a kneebend with my face to the wall and to remain in this position for the rest of the afternoon and until after the roll-call. The penalty which was meted out a few days later consisted in hanging for half an hour on a tree trunk a few feet above ground with my back to the tree and hands and feet drawn closely together and tied behind me.

Only recently, as part of an involved dream-sequence, an arrogant SS man asked me whether I could dance. It was a malicious reference to dancing between bullets and this referred to the commandant's "singing birds", i.e. the captives moaning in pain and anguish while hanging from stumps of trees on the roll-call place.

There is no childhood prototype in the unconscious of experiences of this sort and it still cannot measure up to the unheard-of horrors of the extermination camps—Auschwitz, Treblinka, Bergen-Belsen, etc. The danger to life actually was much less of a trauma than the abandonment by a faithless and indifferent humanity and the utterly degrading and dehumanizing conditions in the camp. It was also not even a human death with which the Jewish captives were finally confronted, and which holds at least some dignity, but mass extermination like undesirable insects.

In conclusion, one can say that the regenerative powers of the ego are not limitless, that the human spirit can be broken beyond repair, and that the damage can go "beyond" a traumatic neurosis, a term which can sound almost like a euphemism. The camp experience is so far outside normal experience and so far from the usual categories of thinking and feeling that it not only has no prototype as a derivative from childhood in the unconscious; it can also never be deleted from memory.

Discussing this paper at the Annual Meeting of the American Psychoanalytic Association in Los Angeles in May 1964, Sperling referred to the obvious superego admonitions in my dreams: "If I were his superego," he said, "I would have been impatient too. I would have asked him 'why do you wait until the last moment to write this paper? It is now twenty-four years since these things happened. What will you do if you die before you write the paper?'" He interpreted my procrastination on the basis of his hypothesis of the parasitic superego of the enemy which he assumed was introjected by the Gestapo command to keep silent about the camp when they took me off the train at the border station. It has derived from his concept of the trauma as a command which he had also used to interpret the lack of resistance of the Jewish victims of Nazi persecution. It seems to me from my dreams, rather, that instead of the conflict between a parasitic and the genuine superego, a traumatized ego cannot quite keep step with an audacious superego which is more approaching an ego-ideal.

Actually it was the trauma after the trauma which weakened my determination to write and to publish. My expectation of walking around proudly and shaking hands as the celebrated Concentration Camp Veteran, invited to lecture on the most insidious political enforcement institution in the history of the world, was thoroughly frustrated from the beginning. Instead, there was the fear of appearing perhaps "abnormal" and of having not worked through my own inner conflicts. Even Sperling who opened his discussion with declaring how necessary it was that I wrote this paper, referred to my "conflict" about faith in humanity and accusations about humanity's lack of interest as a reflection or revival of a conflict with a parent figure in my childhood. Unfortunately—not in particular for me, but for humanity—it is considered an attribute of normality to retain a resigned or acquiescent silence in the face of crime.

REFERENCES

- BETTELHEIM, B. (1960). *The Informed Heart*. (Glencoe: Free Press.)
- BRENNER, C. (1953). "An addendum to Freud's theory of anxiety" *Int. J. Psycho-Anal.* 34.
- BROSIN, H. (1960). "Neurosis and Trauma," *Amer. Psychiatr. Assoc. Round Table*. (Atlantic City: Hoffmann-La Roche.)
- COHEN, R. (1951). "Types of psychotherapy." *Med. Ann. Dist. Columbia*, 20.
- ESSLER, K. R. (1963). "Die Ermordung von wie vielen seiner Kinder muss ein Mensch symptomfrei ertragen können, um eine normale Konstitution zu haben?" *Psyche*, 17.
- FAIRBAIRN, W. R. D. (1943). "The war neuroses—

- their nature and significance." In: *Psychoanalytic Studies of the Personality* (London: Tavistock, 1952.)
- FREUD, S. (1919). "Introduction to the psychoanalysis of the war neuroses. *S.E.*, 17.
- (1920). "Beyond the pleasure principle." *S.E.*, 18.
- (1926). *Inhibitions, Symptoms and Anxiety*. *S.E.*, 20.
- GRINKER, R. R. and SPIEGEL, J. P. (1945). *War Neuroses*. (Philadelphia: Blakiston.)
- JONES, E. (1945). "Psychology and war conditions." *Psychoanal. Quart.* 14.
- KARDINER, A. (1941). *The Traumatic Neuroses of War*. (New York: Hoeber.)
- KOGON, E. (1948). *Der SS-Staat*. (Frankfurt: Verlag der Frankfurter Hefte.)
- NIEDERLAND, W. G. (1964). "An interpretation of the psychological stresses and defenses in concentration camp life, and their after-effects." Congress, Detroit.
- RADO, S. (1942). "Psychodynamics and treatment of traumatic war neurosis (traumato phobia)." *Psychosom. Med.*, 4.
- ROSENBERG, E. (1943). "Psychopathology of the war neuroses." *Int. J. Psycho-Anal.*, 24.
- SAUL, L. and LYONS, J. (1952). "Acute neurotic reactions." In: *Dynamic Psychiatry*, ed. Alexander and Ross (Chicago: University Press).
- SPELTING, O. (1950). "The interpretation of the trauma as a command." *Psychoanal. Quart.*, 19.
- TRAUTMAN, E. C. (1961). "Psychiatrische Untersuchungen an Überlebenden der nationalsozialistischen Vernichtungslager 15 Jahre nach der Befreiung." *Nervenarzt*, 32.
- UEKKULL, Th. von (1962). "Anlagebedingung." *Medizinische Welt*, 36.
- VENZLAFF, U. (1959). "Grundsätzliche Betrachtungen über die Begutmachung erlebnisreaktiver Störungen nach rassistischer und politischer Verfolgung." *N. jur. Wschr., Rechtspr. z. Wiedergutmachungs-Recht*, 10.
- (1958). *Die psychoreaktiven Störungen nach entschädigungspflichtigen Ereignissen*. (Berlin/Göttingen/Heidelberg: Springer.)

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THE MAURICE BOUVET PRIZE

The Maurice Bouvet Prize for 1968
has been awarded to Dr Julien Rouart for his paper
"Agir et processus psychanalytique"
(*Revue franç. de Psychanal.*).

ON GLOATING¹

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The feeling of gloating is an affect that has not, to our knowledge, previously been studied psychoanalytically. Like many other affects, gloating is particularly closely related to the oral erotogenic zone. Envy, greed, bitterness (Alexander, 1960), and smugness are examples of affects intimately related to the mouth. Gloating is an affective expression of the satisfaction of vengeful feelings. It is the sadistic enjoyment of someone else's discomfiture, their injury, defeat, and being discredited. Gloating is the opposite of sympathy.

Bierce's (1967) cynical definition of happiness, "an agreeable sensation arising from contemplating the misery of another", is really a definition of gloating. The German term would be *Schadenfreude*. There is an intense oral savouring of the hated, envied object's suffering which is felt by the gloater as well deserved self-vindication and self-enhancement.

Gloating as an Affect

Since the earliest writing on depression of Abraham (1924) and Freud (1917), several specific affects have been more fully examined such as elation (Lewin, 1950), bitterness (Alexander, 1960), querulousness (Schmideberg, 1946), enthusiasm (Greenson, 1962), boredom (Greenson, 1953), and vengeance (Socarides, 1966).

An affect such as gloating may be fleeting and at one time or another is experienced by most people. It may also become a chronic problem in the psychological structure of the individual and the character structure may be even totally described by the affect expressed such as a gloating person. This would be similar to descriptions of a depressive character or a bitter person.

Affects, Engel suggests (1962), can be grouped into two large categories; in one, the signal scanning function is more prominent, and, in the second, the drive discharge properties are more prominent. Engel discarded the ready-made terms of ego affects and drive affects

respectively and ended up with the descriptive terminology of signal scanning affects and drive-discharge affects. Gloating would fall into the category of a drive-discharge affect, but it may also have a signal function which may forestall its becoming a full-blown feeling.

Essential to the definition of a drive-discharge affect is that the feeling dissipates as the goal is achieved. Engel classifies these affects according to the main drive tendency, anger and rage being the affects of aggression; love, affection, tenderness and sexual feelings are the affects of a libidinal drive. Envy, greed, impatience, stubbornness, pity are fusions of the main qualities of the two drives in varying amounts. These affects are more chronic and, therefore, more related to character structure.

Engel lists two primary affects of *unpleasure*: anxiety and withdrawal. Gloating would be one of the affects of *pleasure*, with stronger libidinal than aggressive drive cathexes. In a recent paper Socarides (1966) extensively investigated the affect of vengeance. Gloating might be seen as the outcome of successful vengeance. Whereas in vengeance there is a predominance of the aggressive drive, in gloating there is a preponderance of the libidinal drive.

Behavioural Aspects

Gloating has two characteristic effects on behaviour. The less frequent of the two common behavioural patterns is one of an obviously courteous, seeming politeness, but, in fact, suavely mocking. The more common pattern is undisguisedly visual, an oral-like drinking-in with the eyes the suffering of the defeated object. If in this pattern of gloating the gloater speaks, his voice will be charged with an excitement of almost orgasmic proportions. The voice will be charged with intonations of malicious satisfaction in which there are strong undertones of gleeful exultation.

More transient states of gloating known to all of us may be fleetingly expressed by the flicker

¹Webster's Dictionary: To smile scornfully; a gaze or look of malignant satisfaction; to gaze with malignant

satisfaction, passionate desire, lust or avarice; hence to dwell or meditate in thought.

of a smile which is immediately quelled. This would be gloating as a signal scanning affect. The tripping and falling of even the closest friend often produces a rapid smile which is even more rapidly covered up. The essential comforting wish seems to be, "I'm glad it is he and not me." Gloating has the implication of a longer-lasting feeling state (i.e. a drive-discharge affect) as implied by the words, "gaze", and "dwell", in the dictionary definition. Nevertheless the widespread nature of impulses to gloat suggest that it is closely related to survival mechanisms. In fact, the confusion between being glad that it was another soldier, not oneself, with the subsequent overwhelming guilt at such pleasure, is often a basic dynamic of war neuroses.

Dynamic and Structural Aspects

From the structural point of view, since gloating is an amalgam of libidinal and aggressive drives, it may be called sadistic. The erotic side of the sadism predominates. The overt expression of this sadism is dependent upon a dynamic interplay of the drives with the superego and ego-ideal as mediated by the ego. The superego is either previously gratified or held in abeyance and does not forbid being unsportsmanlike in the cruel enjoyment of the defeat of an opponent. The ego-ideal is involved too, in that the ideals of forgiveness, tenderness, compassion, etc., are insufficiently cathected. In this regard it is to be expected that certain cultures do not have such ideals and therefore that gloating is a socially sanctioned form of behaving.

The relative weakness of the superego and ego-ideal permit the ego to enjoy the id demands for vengeance in the fullest enjoyment thereof in gloating. Some guilt feelings may also exist in the gloater, but bitter feelings over wounded pride and overweening envy are stronger than the guilt feelings and so, psychoeconomically, the gloating tendency prevails over compassionate tendencies. In persons with a chronic tendency to gloat, there are transient or permanent defects in the superego which have failed to help the ego with neutralization of aggressive drive energies.

But it is an infrequent thing to see a chronically gloating person. Rather, previous gratification of superego demands permit the gloating tendencies to emerge. In this respect, one would also

expect that group phenomena because of the superego relieving effect of the group on the individual might often lead to gloating situations. Such is often true whether it is the victory of one college over another in football, or the victory of one country over another in war. In this regard, the relative restraint of Israel in engaging in a gloating response over the defeated Arab countries has been cause for much wonderment by the world.² Possible explanations certainly include intense identifications with victimized people as well as the ego-ideals of compassion and generosity in victory. Finally, there is the realistic wish to avoid retaliatory vengeance since gloating and vengeance are often in a circular relationship between individuals and between groups.

Since superego lessening is a condition of gloating, there is the clear possibility of superego bribery taking place. Thus, if one has suffered, e.g., the psychology of the exception, he may enjoy revenge, and gloat without great inhibition. Shameful situations as well as painful ones may lessen positive ego-ideal pressure by a similar mechanism. Sports again provide a useful behavioural science laboratory. Severe defeat or humiliating setbacks may permit gloating following victory. The person may even set up situations where he is shamed or humiliated so that he can indulge in vengeance and gloating. The triumphant return to one's home town permits gloating as a compensation for the previous injuries received to one's narcissism.

Suicide fantasies permit gloating because they imply self-destruction and self-suffering first. Such suicidal fantasies are dominated affectively by gloating over the dismay, guilt, consternation, horror, grief, and shock the suicidal person expects his suicidal death to evoke in the survivors. Not only does the suicidal person gloat in anticipation of the pain the survivors will experience, but he fantasies that he will not be annihilated, but will continue to hover around in ghostly fashion to observe and savour gloatingly at how appalled the survivors are. Encountering such fantasies in some deeply depressed patients is probably an experience common to all analysts.

Finally, as we shall see in a later clinical example of the analyst's daughter, humbling of one person by another permits gloating because one was, after all, only an innocent bystander.

Often the superego and the ego-ideal are only

²This was not universally so, of course, as illustrated by pictures of an Israeli soldier enjoying a bath in the Suez Canal.

secondarily activated. Thus, expression of gloating may secondarily produce remorse which is an affect occurring after the deed as contrasted with guilt (Freud, 1930), which occurs before or during the deed. Or it may produce secondary shame and ensuing dissatisfaction with the self. A gloating patient will typically say, "I could not resist rubbing it in: now I wish I had." Sometimes the secondary shame is so great that the person feels humiliation by the naked expression of his sadism and moves into the position of this becoming totally ego-alien behaviour as described by the negative ego-ideal (Kaplan and Whitman, 1965). He has become a despised person not only because of his inadequate response of compassion, but because he has indulged in an inadmissible feeling. Again we must emphasize that whenever there is a precondition to certain feelings and behaviour that this always contains the possibility of being brought on more or less consciously by the person to permit an emergence of the otherwise forbidden feeling. Thus the competitor may fall way behind so that he then permits himself to gloat over his "comeback" whether he is victorious or not. "I really came from behind to beat you!" he may exult.

Another interesting dynamic seen clinically is the use of masochistic identification as a denial of gloating. Thus the person in order to explain his smile of glee at another person's misfortune may claim that he suffered like the other person because of his guilt over that person's pain. But the smile is usually sadistic (and gloating) as well and this is usually less easily owned up to.

From a topographic point of view, there can be both conscious and unconscious gloating. The examples of gloating in the dream described below in terms of discomfiting the analyst in the ward situation was unconscious until the meaning of the dream was worked out.

One aspect of the audience's laughter at the comic who falls about is the permissible gloating that may take place in this situation of clumsiness and failure. A pie-in-the-face type of clowning is the humiliation of another person (similar to excreta in the face and mouth) which is controlled and done purposefully with mitigated anger; and thus permits acceptable gloating in the perceiver.

Genetics

Abraham (1924) described envy as an oral trait. In contrast to Klein (1957) who ascribed envy to the very first relationship of the infant

to the breast, Abraham felt that the second, or oral-sadistic stage of libidinal development lay behind envious hostility. Abraham also described generosity as an oral feature; and generosity and its corollary, magnanimity, can be seen as the antithesis of gloating.

Though they are often used interchangeably there is some advantage in distinguishing between envy and jealousy. Envy is the hostile feeling that another is enjoying superiority, advantages, or success, that one would like to have oneself. The envious impulse is to take it away or spoil it. Klein emphasizes that envy implies the person's relationship with one person only and goes back to the exclusive relationship with the mother and the mother's breasts in particular. Jealousy is based on envy but implies a relation to at least two other people; love has been taken away from the subject by another person, love which was his due. In this respect though both envy and jealousy may lead to vengeance and gloating, gloating is almost always a two-body situation wherein the presence of a third uninvolved person leads to shame and inhibition. Thus a jealous response may regress to an envious one and lead to vengeance and gloating.

A significant reference to pointing out the very primitive roots of jealousy is contained in Othello:

But jealous souls will not be answer'd so;
They are not ever jealous for the cause,
But jealous for they are jealous; 'tis a monster
Begot upon itself, born on itself.

The very envious person is insatiable because his envy stems from within and, therefore, always finds an object to focus on. Shakespeare uses jealousy interchangeably with envy and uses an oral metaphor to describe its effect:

Oh beware my Lord of jealousy;
It is the green-eyed monster which doth mock
The meat it feeds on . . .

Klein points out the similarity with the expression, "to bite the hand which feeds one," which she points out is synonymous with attacking the breast.

For purposes of our discussion on the genetics of gloating, this early insatiable envy leads to an insatiable desire for revenge. The source of this insatiable envy may not only be that the initial experiences with the mother and the mother's

breast were frustrating, but the fantasy that another person experienced the relationship with the mother in a highly satisfactory way. In this situation both envy and jealousy are activated. These early factors give rise to the sources of envy in the oedipal situation as well as ongoing sibling rivalry, and the conflict between the sexes.

In the positive oedipal conflict of the boy, he wishes to kill or castrate the envied, jealously-hated father. In the positive oedipal conflict of the girl, she wishes to kill, humiliate and displace the feared, hated, envied mother. Not everyone ends up in his development especially prone to gloat, so some other ingredient in the oedipal conflict has to be present to produce the outcome of the gloating tendency. One oedipal complication which produces this result is the rival parent's too intense enjoyment of the child's oedipal defeat, a parental gloating response which produces a narcissistic injury in the child. This produces bitterness in the child too great to become reconciled to the oedipal defeat. So, the child continues to wish to revenge himself upon the rival parent and to feel like revelling in exacting vengeance upon the rival parent. This may subsequently be displaced upon any rival, though usually of the same sex.

In sibling rivalry, the child wishes to punish the envied sibling because of parental favouritism, real or imagined, toward the sibling, and to extract a savage gloating joy in punishing the hated, rival sibling. Anal sadistic impulses to the rival, particularly by torturing him in withholding certain possessions, become prominent.

The conflict between the sexes provides many opportunities for gloating. Some women with never-quelled penis envy, and who as a consequence are filled with malice and castrative vengefulness toward men, gloat with immense satisfaction over the weaknesses and failures of men. Men who fear and despise women for being penisless, gloat triumphantly over them for wanting a penis and being totally unable to get one.

Object Relations and Transference Aspects

The effect of gloating upon the object relationships of the gloater is of a damaging character. Gloating offends and repels. Gloating being so completely inhumane tends to evoke vengeful feelings in the object being gloated over, even in those with no very great tendency toward vengefulness. The truth in the saying that vengeance is sweet may be due to the experiencing of the affect of gloating. In vengeful fan-

tasies, there are often found pregenital excretory elements such as torturing the hated object with indignities such as urinating upon it, forcing it to eat faeces, etc. The importance of the oral aspects of gloating is exemplified by the expression, "rubbing his face in it", or "rubbing one's nose in it". Some of the masochistic reverberations of these sadistic impulses can be found in the expression, a "shit-eating grin". Here the gloating is indicated by the grin, but the fantasied punishment visited on the hated rival is portrayed as taking place on the self. We have particularly been impressed by the anal excremental attacks involved in gloating fantasies which are only second in importance to the oral components and are combined in the phrase "shit-eating".

As Socarides (1966) and Searles (1956) both emphasize in their papers on vengeance and vengefulness there is a maintenance of an object relationship through these affects. In the process of gazing maliciously, there is an ongoing object relationship so that the affects of vengeance and gloating may serve to prevent the loss of the object and even regain it for further relationship. Furthermore, as Searles (1956) stressed, vengeance may be a method of defending against the affect of grief which is then only experienced as the desire for revenge. Gloating also hides usually infantile painful narcissistic wounds where the gloater was once gloated over with consequent grief and humiliation.

One of the commonest considerations that inhibit women from gratifying their sexual wishes is the fear that the man will consider that he has made a fool of her, will laugh at her, will despise her, will, in fact, gloat over her. The basic elements of excretory control are relevant inasmuch as the woman feels that the man will mock her for losing control in a sexual way which has infantile sphincter references. Such an outcome of a sexual experience would be so humiliating that it understandably inhibits her. If it in fact happens, the narcissistic wound is so painful, she becomes very vengeful, and keenly desires an opportunity to revenge herself and then gloat over the offending male.

In relationship with the analyst, the patient may gloat over any of his failures, even if they lead to a masochistic triumph. Interpretations that miss the mark, slips of tongue by the analyst, ability to momentarily jar the analyst from his analytic stance, etc., are all gloated over by these envious patients. An important aspect of this envious triumph is that it contributes to

the negative therapeutic reaction. Failing to achieve any other triumph over the analyst, the patient may resort to getting sicker to discomfit, and discredit the analyst and then gloat over the analyst's inability to get him well.

A patient who seldom dreamt was being treated for a stubborn problem of impotence. He reported a dream after 355 hours of analysis:

Clinical Example I

A ward doctor was helping me sit up in bed in a hospital ward. Everybody around was admiring the doctor for this. I suddenly realized that he was getting all the credit and I abruptly decided to slump back down again. I felt a malicious smile of satisfaction cross my face as I observed the doctor's bewilderment when he realized he could not cope with this turn of events.

Formulation:

The strength of the patient's need to defeat the analyst and gloat over this defeat was unrecognized by the patient until the meaning of this dream was worked out.

Countertransference

There is no question that gloating tends to produce a counter-reaction of irritation, annoyance, and retaliation. Only by the analyst being aware of his counter-hostility to this affect can he prevent himself from responding in kind. Apparently something is touched off within the analyst that he finds distasteful and is completely opposed to his analytic stance of compassion. Despite such insight, however, we have found ourselves having quite negative feelings towards those of our patients who indulge in gloating.

The main countertransference response we have noted is a withholding. Thus, the patient who gloats is responded to by silence. More mature responses consist of a disarming openness. Thus, one patient gloated that the analyst has made a particularly revealing slip of the tongue. The analyst quietly remarked that he also had an unconscious and why was the patient so surprised to see it show itself? This undercut the patient's gloating because for the gloating response to continue it must feed on the continuing discomfort of the object whether that is real or fantasied. The analyst's response prevented the patient from indulging this fantasy further.

Clinical Example II

An extremely competitive woman graduate student got great pleasure in seeing the analyst at a drug-store trying unsuccessfully to get his small daughter to leave with him. She felt enormously pleased at his discomfiture and silently cheered the little girl on in her defiance. In the following analytic session she verbalized these feelings and described how much she had savoured them in the hours following the episode.

Formulation:

This was related in the interview to her own anal stubbornness in relation to her parents. She had had frequent enemas by her mother to release her "constipation". The analyst's little daughter did what she would have liked to have done but only occasionally had dared. Also very pertinent in understanding this episode was the patient's competitive relationship with a younger brother who had been very defiant to the mother. She had both envied and depreciated his wilfulness and "pushiness". Her enjoyment of seeing a male (the analyst) thwarted in getting his way was related to her retaliatory envious wishes that the brother get his "comeuppance".

Clinical Example III

A young female patient had heard that the analyst was going to present a paper on tennis at the American Psychiatric Association meeting and had the following dream: Dr R. ran lightly up to the stage across the seats of the auditorium, tripped, and fell flat on his face. She had an obvious feeling of delight in the dream.

Formulation:

The patient related her envy of her brother and some of his success. She chose this particular form of failure because of the humorous outcome of a tennis winner were he to jump the net, trip, and fall. On a deep level, however, the smashing of the other person's face was highly significant and related to her intense oral (later phallic) envy of her brother and her observation of his breast feeding.

This had clearly become a character trait in relationship to men when they became rivals of hers. She was highly gratified over their failure. This character trait had also become generalized to females, particularly those who were "favourites".

Clinical Example IV

A 33-year-old internist in private practice felt chronically envious of all his colleagues who were in academic medicine, or who published productively in medical journals. In the early part of his analysis he confessed that he read the newspapers and particularly the obituary columns in order to find items about some of his many rivals which suggested failure or chronicled their deaths.

His total outlook toward people was so governed by his envy that, for example, in dining-room situations were somebody to spill some food on himself the patient would gain a malicious satisfaction from the former's discomfort. One particularly striking example he gave was in a duplicate bridge tournament when he and his partner had doubled their opponents' contract and had set them seven tricks; he broke into an uncontrollable broad smile verging on laughter which he could not quell and his symptom of gloating became highly uncomfortable to him as players from neighbouring tables looked at him curiously.

Formulation:

He had a younger brother who was far more successful than he and had been so from birth. Some of his earlier memories concerned his envy at his brother's breast-feeding.

In the transference he constantly depreciated the analyst and dreamt of him as a younger brother figure. His life history was marred by repeated failures which he brooded over and which exaggerated the narcissistic injuries he felt at the hands of younger, more successful men. It is also clear from this example that gloating, like many affects, can overwhelm the individual and produce a state that clinically almost looks hypomanic. Hitler dancing a jig upon the capture of Paris is a vivid illustration of this. Triumph may shade into gloating. Ezra Pound after Churchill lost an election wrote "Oh, to be in England again now that Churchill's out!"

Discussion

In all four of the clinical examples, the patients had experiences and envious relationships with a younger sibling who had, in fact, been more successful in many ways than they. This initial oral envy led to competitive feelings which were so intense that there was invariably malicious satisfaction at any failure by their rivals.

This gloating response led to secondary shame

and remorse and occasional ensuing self-punishing behaviour which, however, was never sufficient to impede the gloating response. Gloating was only inhibited when the psychoanalytic process unearthed the roots of envy of the younger sibling. Eventually some of this envy could even be traced back to the original disappointment and frustration with the mother prior to the advent of the sibling and which made the sibling the source of the intense envy and jealousy.

Though we have not specifically discussed gloating under the heading of the economic factors, essentially it is a psycho-economic problem. The desire for revenge and victory over the hated rival gets out of hand. In this regard this paper has a wider application than merely the description and elucidation of the dynamics and genetics of an emotion, important as the emotion may be. This importance derives from the unique failure of the human species to limit intraspecies aggressions.

In his book, *On Aggression* (1966), Lorenz describes the various forms that members of the animal kingdom use to inhibit aggression. There is the well-known example of the wolf who turns his head away from his foe, offering him the vulnerable underside of the throat. The jackdaw holds the unprotected base of the skull under the beak of his aggressor, which is the very spot where an attack would be lethal. Lorenz comments that at first it looked to him as if the sole constituent of this submissive attitude was the presentation of the most vulnerable part. He later realized that this would be suicidal because of the fact that an animal at the height of its aggressiveness only gradually dissipates its aggression. He concludes, therefore, that the immediacy of the inhibition suggests a built-in mechanism of immediate effectiveness.

The human being has no such built-in mechanism for preventing the carrying-through of a destructive act. This is one way of describing the serious threat of nuclear warfare to mankind, since a victor in a traditional way may not feel bound to inhibit the total destruction of his enemies.

Gloating then, derived from excessive envy due to early deprivation experiences and not inhibited by the erection of superego and ego-ideal inhibitions becomes a significant affect to examine. When the malevolence of the victor's pleasure is acted out rather than experienced there is the opportunity for complete destruction of the enemy. Conversely, as we have described above, gloating is so damaging

to the opponent's self-esteem that he may consequently nurse desires for total revenge in the future.

We come to several conclusions similar to those of Lorenz. Sublimatory activities such as sports and/or a global activity such as the Olympics serve to dissipate aggressive envious behaviour. In addition, gloating is specifically interdicted in sports and it serves to vindicate further the ego-ideal of magnanimity and generosity in victory as well as in defeat.

Summary

We have examined in some detail the affective state described as gloating. We have pointed out its oral roots in envy which results in an erotized aggression and vengeance toward the vanquished enemy. We have described its role in psychoanalysis in which it may lead to a negative therapeutic reaction and, finally, we have made some generalizations about the importance of such affects in the coping with aggression by all human beings.

REFERENCES

- ABRAHAM, K. (1924). "A short study of the development of the libido, viewed in the light of mental disorders." *Selected Papers on Psycho-Analysis* (London: Hogarth, 1927.)
- ALEXANDER, J. (1960). "The psychology of bitterness." *Int. J. Psycho-Anal.*, 41.
- BIERCE, A. (1967). *The Enlarged Devil's Dictionary*. (Garden City: Doubleday.)
- ENGEL, G. L. (1962). "Anxiety and depression-withdrawal: the primary affects of unpleasure." *Int. J. Psycho-Anal.*, 43.
- FREUD, S. (1915). "Instincts and their vicissitudes." *S.E.* 14.
- (1917). "Mourning and melancholia." *S.E.* 14.
- (1930). *Civilization and Its Discontents*. *S.E.* 21.
- GREENSON, R. R. (1953). "On boredom." *J. Amer. Psychoanal. Assoc.*, 1.
- GREENSON, R. R. (1962). "On enthusiasm." *J. Amer. Psychoanal. Assoc.*, 10.
- KAPLAN, S. M., and WHITMAN, R. M. (1965). "The negative ego-ideal." *Int. J. Psycho-Anal.*, 46.
- KLEIN, M. (1957). *Envy and Gratitude: A Study of Unconscious Sources*. (New York: Basic Books.)
- LEWIN, B. D. (1950). *The Psychoanalysis of Elation*. (New York: Norton.)
- LORENZ, K. (1966). *On Aggression*. (New York: Harcourt, Brace.)
- SCHMIDBERG, M. (1946). "On Querulance." *Psychoanal. Quart.*, 15.
- SEARLES, H. F. (1956). "The psychodynamics of vengefulness." *Collected Papers*. (London: Hogarth, 1965.)
- SOCARIDES, C. W. (1966). "On vengeance: the desire to 'get even'." *J. Amer. Psychoanal. Assoc.*, 14.

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BOOK REVIEWS

Freud: Political and Social Thought. By Paul Roazen. (New York: Alfred A. Knopf, 1968. Pp. 322. \$6.95.)

There are some outstanding points about this volume by the Harvard Professor of political theory.

Strange as it may seem, this is, at least to my knowledge, the first attempt at a comprehensive presentation of the implications of psychoanalysis for political and sociological theory.

This attempt is based on a profound and thorough knowledge of Freud's original writings, the sources and the development of his ideas and the post-Freudian evolution of psychoanalysis. Though the competence of this reviewer does not extend to the socio-political aspects of the volume, the thoroughness of the psychoanalytic knowledge of the author compels me to assume that he is at least as competent in his own field.

To thoroughness of knowledge and breadth of perspective, Roazen adds as another virtue intellectual courage, which allows for new formulations reaching far into the analysis of Freudian thoughts and attitudes.

Apparently, his coming from another scientific discipline, allows him for a distance from the mainstays of psychoanalysis which makes possible new perspectives.

The psychoanalytic reader can offer only high praise on the competence and thoroughness of the psychoanalytic part of his presentation. Also of great interest are the affinities established by the author between Freud's basic ideas and the philosophical tradition concerning the nature of man and the social bond. To point out these affinities means, of course, to establish the uniqueness of Freud's discoveries about the so-called human nature.

To quote the author:

Other thinkers have been more or less unaware of the extent to which they assumed rather than explored the nature of man.

By creating a new theory of human nature, psychoanalysis has offered a challenge to our thinking about the normative issues within political theory and to research problems within

political science. Political scientists have not availed themselves of Freud's discoveries as a basis for transcending the limitations of political behaviorism.

The author shows the development of Freud's ideas and the trends of post-Freudian psychoanalytic thinking in the broad perspective of social and political reality.

The originality of Roazen's work consists of two main points. In a thorough analysis of Freud's writings, Roazen combines a profound knowledge of the development of his ideas with an overall view of their relevance for the science of groups and of the Polis at large. His sources are impeccable: they derive from a thorough combing not only of the works of the master but also of his correspondence and personal reminiscences of contemporaries.

However, where his originality bears an even greater imprint of his individuality is when he comes forward with assumptions regarding the psychological derivation of some of Freud's ideas.

As to the first point, one can only admire the author's synthesis of the psychoanalytic and the sociologic point of view, with its wide implications for future research and possibly even some practical applications. Roazen presents us with a thorough appreciation of Freud's contribution to the study of religion, crime and punishment, and the role of authority in maintaining the social bond. He shows how, in pursuing his research of the social issues from *Totem and Taboo* till *Group Psychology and the Analysis of the Ego*, Freud combined the justification of society as such with the condemnation of its unnecessarily restrictive institutions and thus probed into the origins of civilization and the evaluation of the price man has to pay for the restriction of his instinctual drives. One may argue with the author about his ingenious hypothesis as to the origins of the main idea of *Totem and Taboo*. He compares it to the first traumatic theory of neurosis where seduction fantasies were treated as realities.

It is as if the revolutionary in Freud had to find in the past grounds for revolt against the father, once in the

form of indignation at his sexual maltreatment of children, then at his monopoly of the females in the primal horde.

It is ingenious but questionable to assume with the author that Freud had to invent a real trauma, a real murder of the primal father, since he had not completely convinced himself of the strength of fantasies and was not quite able to accept his own theory of psychic realities.

It is certainly correct and illuminating to trace Freud's scientific spirit and his treatment of religion as the universal illusion of mankind to the tradition of Enlightenment. Moreover:

Behind all Freud's awareness of men's inner coercions, of the extent to which the conscious ego is merely the visible part of the iceberg, is an Enlightenment dream of freedom. Human freedom is superlatively a question of degree; it is not so much something that is there or not there, but that is present or absent to varying extents.

However, Roazen, as if inspired by the grandeur of Freud's reconstructions, comes out with a reconstruction of his own, embracing the creator of psychoanalysis and his production.

Freud's interest in heroes, reared without a father or by a father much too humble for the son's greatness, such as Leonardo, Oedipus, Shakespeare and Moses, is traced to his own family romance. "These were the ego models that Freud needed to sustain him in his work." Roazen writes and appropriately quotes Freud: "A genius chooses his family from among heroes."

Freud replaced his own father by himself and this accounts for much of his trouble with his pupils:

for, if one is both, one's own ego and also one's own father, then to be challenged by opposition means that the very gods from within one's soul are being affronted.

To atone for

spreading his own ego over the idols from his infantile past . . . Freud had to create a whole family, the psychoanalytic movement, to make up for the family he denied.

Furthermore, Roazen explores the role of Jung as Freud's son and heir. Whatever one may think of these speculations, we must do justice to the author who, after having given rein to his

reconstructive imagination, gives full appreciation to Freud's ideas and their application to the psychoanalysis of history.

I am not convinced by Roazen's thesis that this trend of Freud's thinking and writings can be derived from what Roazen calls his "running intellectual battle with Jung". Nor is it convincing to relate Freud's phylogenetic speculations to Jung's system building.

I would suggest that Roazen overrates Jung's influence on Freud's thinking. It is not in keeping with our knowledge of Freud's personality nor with our general understanding of the conscious and unconscious processes, to assume that Freud's self analysis which enabled him to reach into the depth of his infantile conflicts, could preserve intact the image of Jung to be fought against in the course of a long process of working through.

And here we come upon some of the most original and, in my opinion, controversial points of the author's inquiry concerning Freud's personality and the derivation of his ideas.

Roazen sees an inconsistency between Freud's "attack on religion and his own superstition about telepathy". It seems quite arbitrary to suggest that Freud's

efforts to dispel mysteries, whether of psychoanalysis or religion, his insistence on the cold rational light of truth, were these not efforts to master his own tendencies toward the occult?

Could not the opposite interpretation come closer to the psychological truth: namely that Freud tried to apply his critical analytical tools to his own scientific and rational attitude and tried not to close his mind to phenomena which, so far, were beyond the known scientific categories? After all, was it not evident that his basic assumptions about the unconscious contradicted the accepted standards of contemporary rationalistic thinking?!

Some other interpretations of Freud's suggested by the author, though striking by their bold originality, seem even more dubious.

In his ingenious attempt to apply Freud's insight to the genetic interpretation of his ideas, Roazen suggests that

for Freud himself the conceptual understanding of the ego came mainly after the loss of Adler and Jung. He was in a sense integrating the insights of his lost supporters within his own terminology. It was as if Freud were handling the loss of his followers by

incorporating their insights into evolving system in order magically to retain their support.

To be sure, nobody can disprove such an interpretation. Yet, it seems to transcend clearly the Newtonian principle concerning the fashioning of unnecessary hypotheses.

I am equally unconvinced about Roazen's interpretations of Freud's ideas about Moses. Here he indulges not only in speculations about Freud as an individual but also offers some general sociological interpretation about Freud as a Jew and intellectual and liberal Jews in general.

To be sure, one can imagine with the author that Freud expressed his negative feelings toward the Jewish tradition and the Jewish arch leader by robbing Moses of his Jewish identity. In fact, I experienced this reaction from a Bnai Brith organization when, upon his return from Vienna to Poland in the twenties, I lectured to them on psychoanalysis.

Freud's ambivalence toward his Judaism, derived in last analysis from the ambivalence of his Oedipus complex, is made responsible for the whole construction of the Moses figure. Roazen asks:

would it not be a fitting revenge, if his identity as a Jew was not quite comfortable to him, to take away the Jewish identity of the greatest of the Jews?

Here I am reminded of some of my own speculations when, in analysing the origin of Jewish religious experience, he came to wonder whether in psychoanalysis at large and in the Book of Moses in particular, the liberated Jewish spirit did not take revenge of the coercive archaic Jahwe concept.

Roazen lets his ingenuity soar into larger dimensions. He speaks of Jewish self-hatred as not being confined to Freud alone.

Really, I must say, I was not aware of Freud thinking of Christianity as the traditional religion of love in contrast to Judaism. And any attempt at a reductionist explanation of Freud's fundamental discovery seems, to say the least, rather simplistic.

From my personal observation I must take exception to another comment about Freud's personality. In my personal contact with Freud I was never aware of a streak of cruelty. In particular, I was impressed by his kindness toward us, the young members and candidates. He could be intolerant of intellectual limitations

and poorly camouflaged bias but he was never sarcastic or condescending in a discussion.

Roazen's book is uncommitted as far as the practical applications of psychoanalytics to politics. In this, he follows in Freud's footsteps who, with his growing understanding of the power of instinctual drives and of resistance, became increasingly skeptical about the possibility of psychoanalysis being able to influence progress of mankind.

In various chapters of this book Roazen gives an admirable presentation of all the sociopolitical aspects of Freud's works. The book terminates by a critical analysis of the unfortunate Bullitt-Freud monograph on President Wilson.

The dimensions of Roazen's volume are such that any further study of socio-political applications and aspects of psychoanalysis will have to take his work as a basis and point of departure.

Gustav Bychowski

On Suicide. Discussions of the Vienna Psychoanalytic Society—1910. With particular reference to suicide among young students. With contributions by Alfred Adler, Sigmund Freud, Joseph K. Friedjung, Karl Molitor, David Ernst Oppenheim, Rudolf Reitler, J. Sadger, Wilhelm Stekel. Edited by Paul Friedman. (New York: Int. Univ. Press, 1967. P. 141. \$3.00.)

It is a remarkable fact that suicide has never been the chief topic, or one of the chief topics, of a psychoanalytic conference or congress, although there must be few psychoanalysts who did not come face-to-face with this problem in their practice. Psychoanalysts have, of course, written about suicide, especially in relation to the death instinct theory, but the subject has never commanded the concerted interest of psychoanalytic practitioners and research workers. Possibly this is due to their tendency to think in terms of dynamic forces rather than of their effects. However, there was an occasion, far back in the history of psychoanalysis, when suicide was the chief topic of two successive sessions of the Freudian circle. This interesting discussion would have remained unknown but for Federn's initiative. He published a record of it in 1929 (*Zeitsch. für psychoanal. Pädagogik*, 3, p. 334). The discussion on suicide has now appeared in the Minutes of the Vienna Psychoanalytic Society, Vol. II, reviewed in this *Journal* (49, p. 113). In addition, Friedman has

now published a translation of a small monograph which appeared soon after the discussion. It is not identical with the *Minutes*. Obviously the participants had adapted their contributions to the purpose of the publication. The translation, which is excellent, had been selected as a project of the Library Committee of the New York Psychoanalytic Institute and was first drafted in London by Edward Fitzgerald.

In a highly informative foreword, the editor refers to the historical significance of the symposium. It was one of the last meetings of the original group of associates at which Freud presided. Only a short time later Adler and Stekel seceded from the movement. Friedman remarks on Freud's reticence at the symposium. According to the records he intervened only twice. Freud must have felt, as does Friedman, "that not all ideas expressed by the participants could be considered psychoanalytic in the real sense of the term", at least not in 1910, when the libido theory ruled supreme. Adler's emphasis on the importance of aggression was out of keeping with psychoanalytic thinking. Stekel came near to the theory of suicide advanced by Freud in "Mourning and Melancholia" seven years later. The choice of the topic was suggested by the suicide of a grammar school boy which seemed to have caused a stir in Vienna. The role of the school and "the murderous brutality of the examination system" was discussed and ably defended by David Oppenheim, a classics master and temporary co-worker of Freud. Publicity was blamed, as it is today. Examination anxiety, unresolved sexual tension, masturbation, imitation, and the teacher-student relationship were all incriminated. Statistics were bandied about freely, as they are today. The relationship of suicide to mental illness was discussed. The role of religious faith was referred to. Suicide and suicidal attempt were treated as identical. Adler referred to the Salvation Army's efforts of suicide prevention by consolation and support. He spoke of the role of inferiority feeling, overcompensation, aggression, and the revenge motive. Freud closed the proceedings with the remark that the mystery of suicide could not be understood without the thorough study of melancholia.

This little book is of considerable interest for the student of suicidal behaviour. Much that was said in the discussion does not sound as heretical today as it did at the time when psychoanalysis concentrated exclusively on uncon-

scious intrapsychic processes. Since then, ego psychology has come to the fore, and the role of aggression as motivating force is better understood than it was in 1910. The editor deserves gratitude for making this report available as a special volume, and thus assuring for it a lasting place among the basic readings on suicide.

E. Stengel

Psychodynamic Studies of Aging, Creativity, Reminiscing and Dying. Edited by Sidney Levin and Ralph Kahana. (New York: Int. Univ. Press, 1967. Pp. 345. \$7.00.)

There are a number of ideas of interest in this Boston Symposium. As well as describing his "memoirium", which is a library of tapes from the mouths of the famous, Butler's interest in creativity leads him to describe the "autodidact" personality, who seems to be his own provider, taking nothing from others till it has first become his own, or for that matter (*pace* Butler's insistence on his being creative) taking nothing from his inner self, all of which can shed a useful sidelight on some analytic difficulties. That old soldiers never die so long as they keep on telling old soldier's tales, is a finding of McMahon and Rhudick, who believe that this involves a working through as well as a clinging to objects. Weisman and Hackett ("Denial as a Social Act") mark stages in denial, distinguishing the rejection of part of a shared reality, which can lead to a recorded point of view and possible reorientation, from denial as a repudiation of the person leading to alienation, as in bullies, braggarts, and bigots, as well as in doctors treating aging patients when solicitous attention can be accompanied by such repudiation. He finds that old people's fears relate more to isolation than to death. Payne shows that to the child death is a living isolation. His account of doctor-patient relationship under the threat of death in a tumour clinic echoes transference experiences in psychoanalysis, with the revival of such early anxieties, and the need for resolution of the doctor's aggressive conflicts, or, in Tarachow's words, the desire to kill. Payne's aim is the keeping open of communication with the dying, which can be blocked alike by denial and by aggressive frankness. Old age or earlier dying can be hard tests, exposing defects in object relations such as the rigid insistence on independence as a reaction formation which is cited here.

The discussion on the papers is the liveliest part of the book. Tarachow contributes a reference to the massive denial of death in those

about to be executed in Sing Sing, and speaks of the desire for reunion with known objects, including places, before death and of the value of tolerating object-loss in early life, quoting Winnicott's "The Capacity to be Alone". Atkin notes the postponement of family grief till after the patient's death, and Cath observes that the reference to death as a relief to the patient can mask the relief to the family, and that death can be a suicidal equivalent supported by the family.

One third of the book is taken up with a survey of the literature since 1960, concerned more exclusively with dying. The old depend on occupation, contrasting with the greater needs for social interaction in the middle-aged (Dean). Handford and Papathomopoulos provide one of the more extensive programmes supplying the required activity. Depressive mood is a recurring theme. As the young come out of mental hospitals the old go in and Pollack gets them to look at themselves in a mirror; they don't like what they see there. Factors leading to better adaptation to old age are defined, showing that it helps a lot to have achieved a respectable position in society. Gillespie's account of the attempt to control anxiety by intensification of personality traits, with recourse to projection and loss of reality-sense if this fails, is supported by the articles on group and individual therapy. Opportunity for positive contribution of the aging has little mention, but Butler finds an increase in candour, perhaps a feature of disengagement, the concept of Cumming and Hendry.

While some of the papers are a little longer than they might be, this book is recommended for the interest in its articles and discussion, and for the review of literature for students of aging.

W. M. McIntyre

La psychanalyse d'aujourd'hui [Psycho-Analysis Today]. Ed. by S. Nacht. By J. Ajuriaguerra, J. Garcia Badaracco, M. Bouvet, R. Diatka, J.-A. Favreau, R. Held, S. Lebovici, P. Luquet, J. Luquet-Parat, S. Nacht, P. C. Racamier. (Paris, Presses Universitaires de France, second, abridged edition, 1967. Pp. 568. Fr. 36.)

This is an abridged edition of an excellent work first published in French and English in 1956. It suffers only from the shortcoming that, apart from one additional chapter of 28 pages on schizophrenics, it has not been revised since its first edition and that, although shortened from two volumes into one, it still appears to be some-

what bulky and voluble. Twelve years are a long time, and the advancement of science does not stand still, even if there are no great breakthroughs. The shifts of emphasis are sometimes remarkable. This edition does not do justice to the implied obligation.

Its first three chapters (Nacht *et al.*) about the indications and counterindications for the psychoanalysis of adults (with both clinical and theoretical observations), although making a point of the analysis of the ego, do not really add substantial new sidelights. However, Nacht's own tenets sound surprisingly up to date. To mention only a few: on the "presence" of the analyst, that it is more important what he *is* than what he *says*, on the danger of analytic treatment becoming a routine (leading to masochistic transference relationship), and that the reconstruction of the patient's personality has to have precedence over the reconstruction of his past. He holds—which however is debatable—that the treatment cannot modify the id, only the ego, and that Freud has originally "opposed" the application of psychoanalysis to pedagogics, whereas on Freud's part, this was more a kind of "keeping aloof" from this application himself. A useful synopsis of the technical rules follow, with the warning to keep clear of their too rigid use. Frustrations should be "dosed" lest they become traumatic, like the original ones have been. A "demythologization" of the analyst should precede the termination of treatment. He is in favour of multiple but short interpretations reflecting the cumulative result of the analyst's impressions. It is mostly the "nodal points" of the patient's narrative which merit interpretation. (As a note: to me it seems that the French rendering of "Durcharbeiten" (working through) as "elaboration" sounds anaemic: something more energetic would be required. The next chapter (by Lebovici *et al.*) deals with the analysis of children, with commendable impartiality. Among others, it also points out that the neurotic child's family shows sometimes remarkable tolerance to one set of symptoms (fear of darkness, frequent appeal for mother's help, sleep rituals, animal phobias, etc.) without calling in the expert, whereas it is less tolerant to others. The following chapter, on Psychoanalysis and Medicine (by Held) and that on Neurobiology and Psychoanalysis (by Diatkine and associates), overlapping the former, would need a major surgical operation beside modernization. The case histories are not unconvincing but certainly not paradigmatic.

There is no mention made of Balint's and his associates' efforts to re-establish the "family doctor's" role and to make this role psychologically more appreciative. However, there are valid arguments pertaining to hospitalization and nosology.

The most valuable chapter in this edition is Racamier's, on the treatment of psychoses, partly because its author *has* taken the trouble to bring it up to date (together with its bibliography of 192 entries), yet also because of its own merits, although it considers Sèchehay's technique of "symbolic realization", which has not received that acclaim outside the French-speaking countries, which could be regarded as equal with the analytic ones, *in extense*. There is, however, a good description of the increased counter-transference anxiety of the analyst treating psychotics, and on the delirious (psychotic) mentation. Success, in his view, depends on the analyst's quick and direct response to the patient's symbolically expressed latent anxieties. (E.g. the patient complaining that her (living) husband was dead, was told: "no, you have not killed him".) In this the author follows Rosen, quoting also Searles and Wexler. He calls it "intervention à chaud". In the addendum, he states that, even if analysis proper would not be useful in psychotic crises, it would be valuable at least for its indirect results: the direct observations which it favours. His criteria for the indication of analytical treatment in schizophrenia are concise existence and importance of a father (if the patient is not an only child); if previous infantile troubles are easily "located" if there is at least one person in the environment for accepted future identification; if the patient's parents are able to express their feelings and also if the patient himself, at least a minimum of his own (regarding social and sexual relationships); if he is able to communicate; if the illness is not of too long-standing or great violence (and if he is not too old), if he does not profit from too many secondary gains and if there have been some "changing clinical aspects" but not too

many previous therapeutic failures. (The author does not regard insuline therapy as such.) He relies on two tools: intuition and dynamic observation; and to technique, he advocates, at least in the beginning, the use of more interventions than of interpretations. Also the patient should not be pushed towards immature object-centredness, because his narcissism would be unable to withstand the ensuing energy depletion, would resent subjectively as a "haemorrhage" and "excursion into the void". The author has two valuable axioms: (a) "no patient resolves a conflict which his analyst has not resolved previously", and (b) "no patient is cured if it is his analyst's narcissistic desire that he should be cured". The management in the "therapeutic community" should steer in a middle course between tolerance and firmness, in which, however, the family should not be involved.

The book's last chapter is on Psychoanalysis and Sociology (Nacht, Diatkine, Racamier). P. Roazen's recently published *Freud: Political and Social Thought*¹ shows a vague similarity to it. It is an ungrateful task to write about Freud's ideas on this, since they certainly are secondary to his findings in psychology. The authors round up the book with this chapter in a creditable way.

However, a final remark has to be added. The book suffers from some discrimination as to the quotation of non-French analysts, I hasten to add that this is *not* an exclusively French default; analysts of *all* countries would commit similar errors in judgment, due probably less to a theoretical bias than to the vast amount of literature pertaining to any analytical topic which it is just impossible to peruse in its entirety. I believe, these "discriminations" are not really made at random, not even in a desultory way; but should all the same not mislead us, lest by virtue of their possible omissions, we should take them at their face value, regarding the absolute or relative importance of the cited authorities or their quotients.

¹ Reviewed p. 739.

PUBLICATIONS RECEIVED

La Psychiatrie de l'enfant. Edited by J. de Ajuriaguerra et al., vol. 10, Fascs. 1 and 2. (Paris: Presses Univ., 1967. Pp. 575.)

The Treatment of Alcoholism: A Study of Programs and Problems. (Washington: Joint Information Service of the American Psychiatric Assoc. and the Nat. Assoc. Mental Health, 1967. Pp. 155.)

International Directory of Psychologists. 2nd edition. Published by the American Psychological Association, Washington D.C. 20036.

Dibs: In Search of Self. By Virginia Axline. (London: Gollancz, 1966. Pp. 186. 25s.)

The Basic Fault: Therapeutic Aspects of Regression. By Michael Balint. (London: Tavistock, 1968. Pp. 205. 38s.)

The Divining Rod. By William Barrett and Theodore Besterman. (New York: University Books, 1968. Pp. xxiv + 336. Illus. \$7.50.)

The Understanding of Dreams. By Raymond DeBecker. (trans. Michael Heron.) (London: Allen & Unwin, 1968. Pp. 432. 50s.)

Rousseau and the Spirit of Revolt. By William H. Blanchard. (Ann Arbor: Univ. of Michigan Press, 1967. Pp. 300. \$8.50.)

Lehrbuch der Rorschachpsychodiagnostik. By Ewald Bohm. (Bern and Stuttgart: Hans Huber, 1967. Pp. 492.)

Psychodiagnostisches Vademecum. By Ewald Bohm. 2nd edition. (Bern and Stuttgart: Hans Huber, 1967. Pp. 179. Fr./DM. 24.00.)

Resistances transfert: écrits didactiques. By Maurice Bouvet. (Paris: Payot, 1968. Pp. 310. Fr. 25.75.)

Psychoanalytic Treatment of Schizophrenic and Characterological Disorders. By L. Bryce Boyer and P. L. Giovacchini. (New York: Science House, 1967. Pp. 379.)

Minority Group Adolescents in the United States. By Eugene B. Brody. (Edinburgh: Livingstone; Baltimore: Williams & Wilkins, 1968. Pp. 243. 77s. 6d.)

Psychoanalysis and American Medicine, 1894-1918: Medicine, Science and Culture. By John Chynoweth Burnham. (New York: Int. Univ. Press, 1968. Pp. 249. Psychological Issues Mongr. 20.)

Beyond Counseling and Therapy. By R. R. Carkhuff and Bernard G. Berenson. (New York and London: Holt, Rinehart & Winston, 1967. Pp. 310. 66s.)

L'Inconscient: Revue de Psychanalyse, vol. 2, No. 6. Edited by P. Castoriadis-Aulagnier et al. (Paris: Presses Univ., 1968. Pp. 130. Fr. 12.00.)

L'Inconscient et la Psychanalyse. By Je-anPaul Charrier. (Paris: Presses Univ. de France, 1968. Pp. 124. Fr. 6.00.)

The Construction and Government of Lunatic Asylums. By John Conolly. (With a new introduction by R. Hunter and I. Macalpine.) (London: Dawson, 1968. Pp. 183. 84s.)

Sexual Discord in Marriage. By Michael Courtenay. Mind and Medicine Monographs No. 16. (London: Tavistock; New York: Lippincott, 1968. Pp. 137. 35s.)

The Psychotic. By Andrew Crowcroft. (Harmondsworth: Penguin, 1967. Pp. 207. 4s. 6d.)

Selected Problems of Adolescence. By Helene Deutsch. (New York: Int. Univ. Press; London: Hogarth, 1968. Pp. 134. 30s.)

From Anxiety to Method in the Behavioral Sciences. By George Devereux. (The Hague: Mouton, 1968. Pp. 376.)

Abnormal Hypnotic Phenomena: A Survey of Nineteenth-Century Cases. By Eric Dingwell. Two volumes. (London: Churchill, 1968. Pp. 327 and 255. 50s. each volume.)

Jahrbuch der Psychoanalyse, vol. 5. Edited by K. Dräger et al. (Bern/Stuttgart: Huber, 1968. Pp. 148. Fr./DM. 26.—.)

Encyclopedia of Psychoanalysis. By Ludwig Eidelberg. (New York: Free Press; London: Collier-Macmillan, 1968. Pp. 571. \$27.50. 265s.)

The Psychoanalytic Study of the Child, vol. 22. (New York: Int. Univ. Press, 1967; London: Hogarth, 1968. Pp. 425. \$12.00. 84s.)

Group Analysis: International Panel and Correspondence. Edited by S. H. Foulkes. (Oxford: Pergamon. Annual subscription £10, \$30.00.)

Sanity and Survival: Psychological Aspects of War and Peace. By Jerome D. Frank. (New York: Random House, 1968. Pp. 330. \$5.95.)

The Annual Survey of Psychoanalysis, vol. 9 (1958). (New York: Int. Univ. Press; London: Hogarth, 1968. Pp. 527. 100s.)

Relativity for Psychology: A Casual Law for the Modern Alchemy. By D. G. Garan. (New York: Philosophical Library, 1968. Pp. 338. \$7.95.)

The Senses considered as Perceptual Systems. By James J. Gibson. (London: Allen & Unwin, 1968. Pp. 329. 40s.)

The Birth of the Ego. By Edward Glover. (London: Allen & Unwin, 1968. Pp. 125. 20s.)

Developments in Psychoanalysis at Columbia University. Edited by George S. Goldman and D. Shapiro. (New York and London: Hafner, 1967. Pp. 357. \$12.50.)

- Himalayan Village: An Account of the Leptchas of Sikkim.* By Geoffrey Gorer. 2nd edition. (London: Nelson, 1968. Pp. 488.)
- Lucid Dreams.* By Celia Green. (Oxford: Inst. Psychophysical Research, 1968. Pp. 194. 32s. 6d.)
- The Biology of Dreaming.* By Ernest Hartmann. (Springfield: Thomas, 1967. Pp. 206. \$9.75.)
- The Eye: Phenomenology and Psychology of Function and Disorder.* By J. M. Heaton. (London: Tavistock; New York: Lippincott, 1968. Pp. 336. 70s.)
- Reich Speaks of Freud: Wilhelm Reich Discusses his Work and his Relationship with Sigmund Freud.* By Mary Higgins and Chester M. Raphael. (New York: Noonday Press, 1967. Pp. 296. \$5.95.)
- The Scientific Study of Abnormal Behavior.* By James Inglis. (New York: Aldine, 1968. Pp. 256. \$8.95.)
- Psychotic Conflict and Reality.* By Edith Jacobson. (New York: Int. Univ. Press, 1968. Pp. 80. \$3.00.)
- Psychopharmacology: Dimensions and Perspectives.* Edited by C. R. B. Joyce. Mind and Medicine Monographs No. 17. (London: Tavistock; New York: Lippincott, 1968. Pp. 450. 63s.)
- The Role and Methodology of Classification in Psychiatry and Psychopathology.* By Martin M. Katz, Jonathan O. Cole, and Walter E. Barton. (Chevy Chase: U.S. Dept. of Health, Education and Welfare, 1968. Pp. 590.)
- Psychiatry in the Communist World.* By Ari Kiev. (New York: Science House, 1968. Pp. 276.)
- Psychological Emergencies of Childhood.* By Gilbert Kliman. (New York and London: Grune & Stratton, 1968. Pp. 154. \$5.75.)
- Psychodynamic Studies on Aging: Creativity, Reminiscing, and Dying.* By Sidney Levin and Ralph J. Kahana. (New York: Int. Univ. Press; London agents: Bailey Bros.)
- The Clinical Psychologist: Background, Roles, and Functions.* Edited by Bernard Lubin and Eugene E. Levitt. (Chicago: Aldine, 1967. Pp. 370. \$11.75.)
- Estrangement and Relationship: Experience with Schizophrenics.* By Francis A. Macnab. (London: Tavistock, Paperback edition, 1968. Pp. 300. 21s.)
- L'Enfant, sa "maladie" et les autres.* By Maud Mannoni. (Paris: Editions du Seuil, 1968. Pp. 245.)
- The Psycho-Analytical Process.* By Donald Meltzer. (London: Heinemann Medical Books, 1967. Pp. 109. 20s.)
- Live and Learn: Child Development and the Challenge of Parenthood.* By Mary Miles. (London: Allen & Unwin, 1968. Pp. 113. 18s.)
- The Psychology of Communication: Seven Essays.* By George A. Miller. (London: Allen Lane the Penguin Press, 1968. Pp. 196. 35s.)
- Psychiatric Epidemiology and Mental Health Planning.* Edited by Russell R. Monroe, Gerald D. Klee, and Eugene B. Brody. Psychiatric Research Reports No. 22. (Washington: American Psychiatric Association, 1967. Pp. 374.)
- The Tort Liability of the Psychiatrist.* By Howard Newcomb Morse. Reprinted from the *Buffalo Law Review*, vol. 17, No. 3, Spring, 1967.
- The Psychoanalytic Study of Society*, vol. IV. Edited by W. Muensterberger and Sidney Axelrad. (New York: Int. Univ. Press; London agents: Bailey Bros., 1967. Pp. 350. \$8.50.)
- La Psychanalyse d'aujourd'hui.* By S. Nacht. 2nd edition. (Paris: Presses Univ. de France, 1968. Pp. 568. Fr. 36.00.)
- Vincent van Gogh: A Psychological Study.* By Humberto Nagera. (London: Allen & Unwin, 1967. Pp. 182. 36s.)
- Mental Health Program Reports No. 2.* National Institute of Mental Health. (Washington: U.S. Dept. of Health, Education and Welfare, 1968. Pp. 390.)
- Four Year Olds in an Urban Community.* By John and Elizabeth Newsom. (London: Allen & Unwin, 1968. Pp. 570. 60s.)
- Minutes of the Vienna Psychoanalytic Society.* Edited by Herman Nunberg and Ernst Federn. (New York: Int. Univ. Press, 1967. Pp. 582. \$12.50.)
- Language.* Edited by R. C. Oldfield and J. C. Marshall. (Harmondsworth, Middx.: Penguin, 1968. Pp. 392. 8s. 6d.)
- The Psychology of Human Communication.* By John Parry. (London: Univ. of London Press, 1967. Pp. 248. 30s.)
- A Handbook of Child Psychoanalysis.* Edited by Gerald H. J. Pearson. (New York: Basic Books, 1968. Pp. 383. \$12.50.)
- Individuality in Pain and Suffering.* By Asenath Petrie. (Chicago and London: Univ. of Chicago Press, 1968. Pp. 153. 45s.)
- Dynamics in Psychiatry* (compiled in honour of Demetrius Kouretas). Edited by G. S. Philippopoulos. (Basle and New York: Karger, 1968. Pp. 292. \$49.00. 98s.)
- Experimental Psychology: Its Scope and Method. I. History and Method.* By Jean Piaget. (London: Routledge, 1968. Pp. 245. 35s.)
- The Moral Judgement of the Child.* By Jean Piaget et al. (London: Routledge, Paperback edition, 1968. Pp. 414. 18s.)
- Alcohol Problems: A Report to the Nation.* Prepared by Thomas F. A. Plaut. (Cooperative Commission on the Study of Alcoholism.) (London: Oxford Univ. Press, 1968. Pp. 200. 45s. 6d.)
- Transference and Countertransference.* By Heinrich Racker. (London: Hogarth, 1968. Pp. 203. 42s.)
- Diagnostic Psychological Testing.* By David Rapaport, Merton M. Gill and Roy Schafer. Revised edition. (New York: Int. Univ. Press; London Agents: Bailey Bros., 1968. Pp. 561. \$15.00.)
- The Mentally Abnormal Offender.* Edited by A. V. S. deReuck and Ruth Porter. (London: Churchill, 1968. Pp. 260. 60s.)

Madness in Society. Chapters in the Historical Sociology of Mental Illness. By George Rosen. (London: Routledge, 1968. Pp. 337. 42s.)

Homosexuality and Creative Genius. By Hendrik M. Ruitenbeek. (New York: Astor, 1968. Pp. 330. \$12.50.)

Psychotherapy of Perversions: Studies in Depth of the Whole Literature of Perversions with Representative Case Histories. Edited by Hendrik M. Ruitenbeek. (New York: Citadel, 1967. Pp. 474. \$7.95.)

Anxiety and Neurosis. By Charles Rycroft. (London: Allen Lane, 1968. Pp. 159. 30s.)

Imagination and Reality. By Charles Rycroft. (London: Hogarth, 1968. Pp. 143. 30s.)

Fidelity and Infidelity. And what Makes or Breaks a Marriage. By Leon J. Saul. (Philadelphia: Lippincott, 1967. Pp. 244. \$5.95.)

Projective Testing and Psychoanalysis. By Roy Schafer. (New York: Int. Univ. Press; London: Bailey Bros. Pp. 229. \$5.50. 49s.)

Psychoanalysis: the first ten years, 1888-1898. By Walter A. Stewart. (New York and London: Macmillan; Collier-Macmillan, 1967. Pp. 225. \$5.95.)

Human Aggression. By Anthony Storr. (London: Allen Lane The Penguin Press, 1968. Pp. 127. 25s.)

The Psychoanalytic Approach. Edited by John D. Sutherland. (London: Institute of Psycho-Analysis and Baillière, 1968. Pp. 77. 10s.)

The Pelican History of Psychology. By Robert Thomson. (Harmondsworth, Middx.: Penguin, 1968. Pp. 464. 7s. 6d.)

The Mystery and Lore of Monsters and The Mystic Mandrake. By C. J. S. Thompson. (New York: University Books, 1968. Pp. 256 and 30 plates each. \$5.00 each.)

Industrial Psychology. By J. Tiffin and E. J. McCormick. 3rd edition. (London: Allen & Unwin, paperback, 1968. Pp. 681. 35s.)

Neuropsychiatry in World War II. Volume I: Zone of Interior. By the United States Army Medical Department. (Washington: Office of the Surgeon General, Department of the Army, 1966. Pp. 898. \$7.50.)

Thinking and Reasoning. Edited by P. C. Wason and P. N. Johnson-Laird. (Harmondsworth, Middx.: Penguin, 1968. Pp. 421. 8s. 6d.)

The Family and Individual Development. By D. W. Winnicott. (London: Tavistock, paperback edition, 1968. Pp. 181. 17s. 6d.)

Postadolescence: Theoretical and Clinical Aspects of Psychoanalytic Therapy. By Rudolph Wittenberg. (New York and London: Grune & Stratton, 1968. Pp. 138. \$6.50.)

The Subculture of Violence: Towards an Integrated Theory in Criminology. By Marvin E. Wolfgang and Franco Ferracuti. (London: Tavistock, 1967. Pp. 387. Bound 63s. Paperback 30s.)

132nd BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
M. M. MONTESSORI, SECRETARY

Editorial

Report of 6th Conference of the Central European Psycho-Analytical Association
Report of 1st Meeting of the Scandinavian Psycho-Analytic Societies

PAGE

748

748

749

EDITORIAL

Following the policy outlined by Dr P. J. van der Leeuw when he took office as President of the Association, to promote the exchange of information between Societies, the Reports of the Sixth Conference of the Central European Psycho-Analytical Association held at Brunnen in April 1968, and of the 1st Meeting of the Scandinavian Psycho-Analytic Societies are published below. It is hoped to include the Report of the Romance Languages Congress in the next Bulletin.

It is regretted that, owing to translation difficulties, the Romance Language Report could not be included as planned. A Summary will appear in a later Bulletin, together with the Report of the Lisbon Congress.

REPORT ON THE 6TH CONFERENCE OF THE CENTRAL EUROPEAN PSYCHO- ANALYTICAL ASSOCIATION (IN GERMAN) BRUNNEN (LAKE OF THE FOUR CANTONS, SWITZER- LAND), 7-11 APRIL 1968

225 psychoanalysts came to this meeting in Brunnen, 75 of them being experienced, the others candidates and some guests. These occupational meetings are not congresses; their aim is didactic, i.e. to provide German-speaking analysts of the younger generation with additional training and to bring all participants into contact with the working methods and views of their colleagues in other countries.

People attended from fourteen countries. Apart from members and candidates of the organizing societies (Austrian, German and Swiss), there was, as previously, a particularly large contingent from Holland (46). From Hungary there were four, from Czechoslovakia twelve, among them Drs Kucera and Dosuzkov of Prague and Dr and Mrs Imre Hermann of Budapest.

On each of the four mornings there was one long and one short lecture, each country, Holland included, taking over a day's lecture programme. Dr Ernst and Dr Gertrude Ticho came from Topeka (U.S.A.) and took over the lectures that had been allotted to the Austrian Society:

Professor Cl. de Boor, M.D., Frankfurt-am-Main:
"The Influence of the Development of Psycho-
analytic Theory on the Technique of Treatment".

J. Cremerius, M.D., Giessen: "Dealing with the Patient's Silence".

Ernst Ticho, M.D., Topeka: "The Therapeutic Relationship and the Transference Neurosis".

Gertrude Ticho, M.D., Topeka: Supplementary lecture.

N. Treurniet, M.D., Amsterdam: "The Initial Phase of the Analysis of an Adult Male with Childhood War Experiences".

W. Goudsmit, M.D., Groningen: Supplementary lecture.

J. Berna, Zürich: "Child and Adult Analysis, their Correspondences and Differences".

F. Morgenthaler, M.D., Zürich: "Three Aspects of the Application of Psychoanalysis".

Lively discussion from the floor after each lecture showed that the choice of topic—psychoanalytic technique including the theory of technique—was eminently suited to the purpose of bringing about an exchange of experience and opinions between older and younger participants from the various countries.

The pivot of the Conference was the casuistic seminars. About fifty of these were organized where mostly the younger analysts presented cases which were discussed in groups composed of a maximum of twenty-five with an experienced analyst in the chair. These seminars were rendered possible by the courage of the junior analysts and the disinterested work of numerous outstanding group leaders, of which only a few can be mentioned here: A. de Blécourt, E. C. M. Frijling-Schreuder, P. Heimann, P. C. Kuiper, J. Lampl-de Groot, P. J. van der Leeuw, A. Mitscherlich, M. Mitscherlich, F. Morgenthaler, G. Scheunert, W. Solms, R. Spitz, L. Szekely, E. Ticho, G. Ticho.

Instead of the panel discussion planned for the last afternoon, a case was presented by F. Morgenthaler and discussed in the presence of the assembly under the chairmanship of Professor Frijling-Schreuder, Amsterdam.

One evening Professor A. Mitscherlich gave a lecture entitled "The Idea of Freedom and Human Aggressiveness". On another evening Goldy and Parin and Morgenthaler showed their film "Impressions of the Childhood, Mores and Personality of the Agni (Ivory Coast)".

Special significance was lent to the Conference by the presence and speeches of two personalities: P. J.

van der Leeuw, M.D., President of the I.P.A., took part in the Conference, giving an address of welcome and, at the end of the Conference, summarizing its work; R. de Saussure, President of the European Psycho-Analytical Federation, expressed his appreciation of the Conference as a manifestation of cooperation between European analysts.

In contrast to some congresses where the discussion is often limited to a highly qualified élite concentrating on one topic, this occupational conference left the impression that psychoanalysis can profitably be discussed by persons who have the same common interest and are at various levels in terms of experience. Discussion was particularly vivid in the case seminars, where it was more a question of daily practice than of theory, and this was especially the case when those present had the courage to voice their opinions on controversial problems of the theory and of the application of psychoanalysis.

FIRST MEETING OF THE SCANDINAVIAN PSYCHO-ANALYTIC SOCIETIES

The 1st Meeting of the Scandinavian Psycho-Analytic Societies was held in Hässelby Slott near Stockholm under auspices of the Swedish Psycho-Analytic Institute, 3-5 May 1968. There were sixty participants, members and candidates.

On Friday morning, after the opening remarks of the president, Dr Sjövall, a lecture was given Mr L. Rudhe (Stockholm) about Conformism and Adaptation. Mr Rudhe clarified these two concepts in view of the confusion as to the appropriate area in which they should be used. There is a strong tendency in the Scandinavian countries to accuse psychoanalysis of being a means of making people conform to the customs of their society. On Saturday morning Dr H. Carpelan (Helsingfors) gave a lecture about Psychoanalysis and Peace Research. Both lectures were followed by lively discussions from the floor. Two panel discussions were held on Sunday morning arranged by candidates of the Swedish Psycho-Analytic Institute. The first was concerned with the concept of interpretation, the second about the first analytical session of the candidate. The panel discussions were followed by discussion from the floor, in which both senior analysts and candidates in training took part.

The afternoon sessions were dedicated to technical seminars in small groups, under the leadership of training analysts. Each group was composed of candidates and junior members belonging to societies other than that of the training analyst.

The first Meeting was a considerable success and the atmosphere was very good and open. It was decided that the next meeting should be held in Finland in 1970.

INDEX

- Ackerman, N., on family therapy, 105-06
- Acting out, 165-230
and asthma (Wilson), 330-33; (de M'Uzan), 333-35
and delinquents (Schwarz), 179-81
and ego alteration, 431-35
and psychosomatic illness (Atkins), 221-23; (Sperling), 250-53
as wish for revenge (Mitscherlich-Nielsen), 190-92
concept of (A. Freud), 165-69, 507-08, (Garburino), 193-94, (Lampl-de Groot), 509; (Mitscherlich-Nielsen), 188-89; (Rangell), 195-201; (Vanggaard), 206-10
in analysis of adolescents, 169
in borderline patients (Kernberg), 607-10
in child analysis, 169; (Lobovici), 202-05
in children and adults (Kestenber), 341-44; (Laufer), 344-46
in homosexuals, 219-20
in hospital (Wood), 438-42; (Linnemann), 442-44
in King Oedipus, 390-93
role of, in analysis (Greenacre), 211-18; (Grinberg), 171-78, 182-87, 216-17
- Adaptation (Joffe and Sandler), 445-54; (Brocher), 454-46
- Adolescence**
acting out in, 169
psychotic (Eikstein), 347-50; (Macnchen), 351-52
use of drugs by, 512
- Affects
control of, in analysis (Peto), 471-73; (Wallerstein), 474-76
role of (Joffe and Sandler), 445-54
see also Gloating
- Aging, *Psychodynamic Studies of* (Book Review), 742-43
- Air symbolism, 716-17
- Alliance, therapeutic, see Psychoanalysis, process of
- Anality
and relation to testicular activity, 642, 645
- Analysability, see Psychoanalysis, indications and contra-indications for
- Animal phobia, 685
- Anorexia nervosa, 94
- Asthma
and acting out, 221-23
developing *de novo* in analysis (Wilson), 330-33; (de M'Uzan), 333-35
Freud on, 98
- Autoerotism, and fantasy, 15-17
- Autonomous ego, analysability and, 271-74
- Autonomy, and identification (Gruen), 648-55
- "Basic trust", 21
- Bion, W., on concept-formation, 692-93
- Blind children (Burlingham), 477-80
- Body ego
castration anxiety and (Lofgren), 408-10; (Mahler), 410-12
see also Penis, Scrotum
- Bonnard, A., 95, 97
- Borderline patients (Kernberg), 600-19
- Boszormanyi-Nagy, I., co-editor *Intensive Family Therapy* (Book Review), 103-07
- Bowen, M., 106
- Brome, V., 99
- Camus's *The Fall* (Barchilon), 386-94
- Castration anxiety, 408-10, 459, 684, 688
see also Penis, Scrotum
- Change, of individual in analysis (Widlocher), 487-89
- Character neuroses, disorganization in, 246-49
- Child, with congenital defect (Furman) 276-79; (Winnicott), 279
- Childhood
bodily illness in, and adult personality (Blum), 502-05
severe bodily illness in (Rodrigue), 290-93; (Bartoleschi and Novelletto), 294-97
- Children
acting out of, in analysis, 169, 202-05; (Kestenber), 341-43
blind (Burlingham), 477-80
profile studies of, 498-501
see also Play
- Cognition, 531
development of (Money-Kyrle), 691-98
dreaming and (Meisner), 699-708
see also Thinking
- Concentration camps
late reactions to, 719-31
victims of, 302-05, 310-12
- Concepts, Displacement of (Book Review), 112-13
- Congenital defects
analysis of child with (Furman), 276-79; (Bartoleschi and Novelletto), 294-97
child with, in therapeutic consultation, 279
- Coprophagia, see Trichotillomania, -phagy
- Countertransference, 25, 674
with borderline patients, 608-09
of training analyst, 555-57
- Creativity (Weissman), 464-69; (Giovacchini), 469-70
in old people, 742-43
- Daydreams, and unconscious fantasy, 12-13
- Death, fear of (Stern), 457-60; (Furman), 461-63
in old people, 742-43
- Defence(s)
in infancy and childhood, 42-45
mechanisms of (Schafer), 49-61
secondary (Haas), 402-06; (Székely), 406-07
- Delinquents, acting out in, 179-81
- Denial, in borderline patients, 614-15
- Dicks, H. *Marital Tensions* (Book Review), 109-12
- Dissociation
in concentration camps, see Concentration camps
- Dosuzkov, on stuttering, 97-98
- Dreaming, Dreams (Meisner), 63-79, 699-708
- Drugs
dependence on (Limentani), 578-89
see also LSD
- Dysautomatization (Glauber), 89-99
- Education
A. Freud's advice to youth on, 553
psychoanalytic, see Selection of candidates
- Ego, 38-47
alteration of, and acting out (Kanner), 431-35; (Ritvo), 435-37
archaic features in functioning of, 426-30, 465
concept of (Sinha), 413-16; (Orgel), 417-19
Federn's work on, 38-47

Ego (continued)

in creative persons, 464-70

states of, 42

"weak", 41-42

see also Body ego

Empathy, concept, 520-30

Energy, neutralized, 46-47

Family, *Intensive Therapy of the* (Book Review), 103-07

Fantasy, origins of (Laplanche and Pontalis), 1-18

Federn, E., co-editor *Minutes of the Vienna Psychoanalytic Society* (Book Review), 113-15

Federn, P. and object relations, 38-47

Female sexuality, 682-90

Ferenczi, S.

and Freud, 99

and theory of seduction, 9

Petisium

hair, see Trichotillomania

Filicide, 285, 390

Fols, psychology of (Alexander and Isaacs), 420-23; (Munro), 424-25

Franco, J., co-editor *Intensive Family Therapy* (Book Review), 103-07

Freud, S.

and concept of repression, 680

and discovery of the transference, 366-75

and fantasy, 2-17

and Ferenczi, 99

and hypnosis, 563-66

and Vienna Society, 113-15

on asthma, 96

on dream-work, 699-702

on suicide, 741-42

political and social thought of (Book Review), 739-41, 744

self-analysis of, 773-74

Friedman, P., editor *On Suicide* (Book Review), 741-42

Further analysis (Waldhorn), 358-61; (Lieberman), 362-63 of analysts, 511

Gender identity

(Stoller), 364-67

(Herman), 368-69

(Greenman), 170-78

Klauber, P., bibliography of, 98-99

Leistung, 732-38

Hair-pulling, Hair-eating, etc., see Tricho-mania, -phagy

Hampstead Child Therapy Clinic

group on delinquents, 179-81

profile studies at, 498-501

History

of hysteria, 101-03

methodology of, in psychoanalysis (Klauber), 80-88

Homosexuality

acting out in, 219-20

case of, with psychosomatic illness (Garma), 241-45

procedural origin of (Socarides), 27-37

technique with, 519-20

vicissitudes of transference in (Thomson), 629-39

Hospital

acting out in (Wood), 438-42; (Linnemann), 442-44

Hypnotherapy

history of, 562-66, 571-73, 576-77

Hysteria, *The History of a Disease* (Book Review), 101-03

Hysterical, classification of (Zetzel), 256-60

Id, The, and the Regulatory Principles of Mental Functioning (Book Review), 100-01

Identification, 529-30

and autonomy (Gruen), 648-54

projective, see Projective identification

role of projection in, 663-67

Identity

struggles of psychotic adolescents (Ekstein), 347-50

see also Gender identity

Imagination, and fantasy, 1-2

Infancy

experience of skin in, 484-86

lap and finger play in (Call), 375-78

playing of (Winnicott), 393-97

International Psychoanalytical Association

25th Congress

Business Proceedings, 116-48

Scientific Proceedings, 159-512

Constitution and Byelaws, 149-57

Interpretations

and short-term effects (Naiman), 353-56; (Loewenstein), 356-57

Invention and the Evolution of Ideas (Book Review), 112-13

Isaacs, S., on fantasy, 14

Itching states, psychodynamics (Musaph), 336-40

Kahana, R., co-editor *Psychodynamic States of Aging* (Book Review), 742-43

Klein, M., on fantasy, 1-2

Kleinian theory, 665-66

Kohut, H., on speech disorders, 93-96

Koriatoff psychosis, 705-07

Kris, E., and "good analytic hour", 211-12

Laing, R., on family therapy, 107-07

Language, and superego (Balkányi), 712-18

Learning, see Cognition

v. d. Leeuw, et al. *Hoofdstukken uit hedendaagse psychoanalyse* (Book Review), 113

Lewin, S., co-editor *Psychodynamic States of Aging* (Book Review), 742-43

Love, transference and, 571-73

LSD, use of in psychotherapy (Kučera), 495-47; see also Drugs

Marital Tensions (Book Review), 107-09

Medea (Orgel and Shengold), 379-83; (Kuiper), 383-85

Menninger Foundation, research projects, 606, 611

Menstruation, feelings of patient towards, 683-85

Methodology, historical and scientific (Klauber), 80-88

Migraine

and acting out, 251

in a homosexual, 241-45

Myocardial infarction

in a homosexual, 241-45

Nacht, S., editor, *La Psychanalyse d'aujourd'hui* (Book Review), 743-44

National Institute of Mental Health, 106

Nunberg, H. and M.: *Minutes of the Vienna Psychoanalytic Society*, vol. II (Book Review), 113-15

Nuna, treatment of (Gülberg), 481-83

Obesity, in a homosexual, 241-45

Object constancy, 506-07

Object relations

economic aspects (Rinsley), 38-47

projection in (Jaffe), 662-75

Objects, 1, 38-47

Orpheus, Sophocles' (Rascovsky), 390-94; (v. d. Sterren), 394-95

Oedipus complex, 6-7

"Once doesn't count" (Shengold), 489-91

Organic illness

in children, 290-93

see also Psychosomatic illness

Pan-American Association

Opening address of 2nd Congress of, 19-26

Pediatricians, and analysts in collaboration, 28-85

- Paediatrics, *see* Child, Children
- Paranoid anxieties (Meltzer), 396-400; (Fornari), 400-01
- Parent-child relationship, 372, 38-83, 390-93, 683-87
- Passivity in the male (Bell), 640-47
- Penis
 envy of, 627, 634-35
 structuring aspects of (Kurth and Patterson), 620-28
see also Testes
- Peptic ulcer, in a homosexual, 241-45
- Persecution sequelae
 and arrested development (Fink), 327-29
 and resomatization of affects (Hoppe), 324-29
see also Concentration camps, Survivor syndromes
- Perversions, 403-06
- Phallus, *see* Penis
- Phantom limbs, 409-10, 412
- Phobia, of animals, 685
- Physical illness
 in childhood, 290-93, 294-97
 adult personality sequelae of, 502-05
- Play
 lap and finger (Call), 375-78
 of blind children (Burlingham), 477-80
 theoretical status of, in clinical situation (Winnicott), 591-99, 714
- Political and Social Thought, Freud's (Book Review), 739-41, 744
- Primal scene, 8, 10-11
- Profile, developmental, 23 (W. E. Freud), 498-501
- Progress and Revolution (Review), 109-12
- Projection
 role of, in object relations (Jaffe), 662-75
- Projective identification
 concept, 665-67
 of borderline patients, 605-06, 613-14
- Psychanalyse d'aujourd'hui (Book Review), 743-44
- Psychoanalysis
 acting out in, *see* Acting out
 further, *see* Further analysis
 indications and contraindications for (Guttman), 254-554
 (Zetzel), 256-60
 (Kulper), 261-64
 (Valenstein), 265
 (Diatkine), 266-70
 (Nannum), 271-75
 (Waldhorn), 358-62
 individual change in, 487-88
 process of (Rangell), 19-26; (Heimann), 328-32
 theory (Lindzey), 656-60
 training for, *see* Selection of candidates
- Psychoanalyst, qualities of, *see* Selection of candidates
- Psychosis, states of
 in adolescents (Ekstein), 347-50
 in children (Lang), 286-89
 Racamier on, 743-44
- Psychosomatic illness
 and acting out (Atkins), 221-23; (Sperling), 250-53
 bi-phasic defence in (Mitacherlich), 236-40
 disorganization in (Marty), 246-49
 in a homosexual, 241-45
 theory of (Reiser), 231-35
see also Anorexia, Asthma, Itching states, Migraine, Peptic ulcer
- Racamier, P. C., on the psychoses, 743-44
- Rank, O., 113-15
- Reality
 psychical, 2-3
 standards of, 2-3
- Reanalysis, *see* Further analysis
- Repetition, in analysis, *see* Acting out
- Repression, 45-46; (O'Brien), 678-80
- Research
 in psychoanalysis, *see* Psychoanalysis, theory
- Research (continued)
 in psychosomatic illness, 231-35
- Roazen, P. Freud: Social and Political Thought (Book Review), 739-41
- Roman Catholicism, 481-83
- Rules, development of sense of (Balkányi), 712-18
- Sachs, H., on homosexuality, 28
- Schizophrenic, experience of thinking in, 709-11
- Schon, D. A.: *Invention and the Evolution of Ideas* (Book Review), 112-13
- Schur, M.: *The Id and the Regulatory Principles of Mental Functioning* (Book Review), 100-01
- Scrotum, importance of, in male passivity, 640-47
- Searles, H., and family therapy, 107
- Seduction theory
 Ferenczi and, 5
 Freud and, 3-5, 6
 re-examination of, 3-17
- Selection of candidates, 511-12, 513-59
 and relation to analysis (Bird), 513-27
 (Heimann), 527-39
 replies to questionnaire to institutes on (Calder), 540-47
 (Kohut), 548-54
 (Tolentino and Zapparoli), 555-59
- Self, the, *see* Autonomy
- Self-analysis, 537-38
 as part of all analyses, 274
 Freud's, 273-74
- Separation anxiety, 645
see also Death, fear of
- Sexual disturbances
 defences against, 402-07
- Sexuality
 and fantasy (Laplanche and Pontalis), 1-18
 female, 682-90
- Skin
 itching states of, 336-40
 in object relations (Bick), 484-88
- Skoptophobia, 97-98
- Society, psychoanalytical (v. d. Leeuw), 160-64
- Speech
 and need for consistency, 428-30
 disorders of (Glauber), 89-99
 misuse of, in analysis, 214-15
- Spider phobia (Little), 492-94
- Splitting
 in borderline patients, 611-12
 in projection, 667-68
- Stammering
 case of, 641-43
 cases of, 712-16
see also Speech disorders
- Suleide, On (Book Review), 741-42
- Superego, language, verbalization and (Balkányi), 712-18
- Survivor syndrome, 298-329
- Syncretism, 532-33
- Tavistock Clinic, 107-09
- Testes, importance of, in male passivity, 640-47
- Thinking, experience of (Stewart), 709-11; *see also* Cognition
- Training, 510-11
 applicants for, *see* Selection of candidates
- Training analyst
 countertransference of, in selection procedure, 555-57
- Transference
 acting out in, 186-87, 211-18
 discovery of (Chertok), 360-75
 of borderline patients, 605-08
 of a male homosexual, 629-39
see also Countertransference
- Transitional phenomena, and playing, 392
- Transsexualism, *see* Gender identity
- Transvestism, 403

- Trauma
 and speech disorders, 90-93
 fear of death and, 457-60
 psychical, 4-5
- Traumatic neurosis, 719-31
- Traumatization, through social catastrophe
 (Winnik), 298-301
 (de Wind), 302-05
 (Simenauer), 306-09
 (Jaffe), 310-12
 (Niederland), 313-15
 (Lorenzer), 316-18
 (Wangh), 319-23
 (Hoppe), 324-26
 (Rappaport), 719-31
- Trichotillomania, Trichophagy (Sperling), 682-89
- Verbalization, and superego (Balkányi), 712-18; *see also* Speech
- Vienna Psychoanalytic Society*, vol. II of *Minutes* (Book Review), 113-15
- Vomiting, cyclic (Sperling), 682-89
- War, survivors, 298-329
 see also Traumatic neurosis, Traumatization
- Wynne, L. C., on family therapy, 106
- Yale Child Study Centre, 280-85
- Yoga, 414-19

The Psychoanalytic Quarterly

Vol. 37

1968

No. 4

DAVID BERES

The Humanness of Human Beings: Psychoanalytic Considerations

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Vol. 55

1968

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CONTENTS

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MARCEL HERMAN, JUDITH S. KESTENBERG, THERESE BENDEK and SYLVAN KIEHL. Discussion of Mary Jane Sherfey's "The Evolution and Nature of Female Sexuality in Relation to Psychoanalytic Theory."
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MARCEL HERMAN. Female Sexuality: Introduction.
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MARJORIE C. BARNETT. "I Can't" versus "He Won't": Further Considerations of the Psychical Consequences of the Anatomic and Physiological Differences between the Sexes.
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Part 4

Symposium on Training

BRIAN BIRD	On candidate selection and its relation to analysis	513
PAULA HEIMANN	The evaluation of applicants for psychoanalytic training	527
KENNETH T. CALDER	How psychoanalytic institutes evaluate applicants' replies to a questionnaire	540
HEINZ KOHUT	The evaluation of applicants for psychoanalytic training	548

Papers

I. TOLentino and G. C. ZAPPAROLI	The psychoanalytic vocation and the implications of the training analyst's countertransference on selection of candidates	555
L. CHERTOK	The discovery of the transference	560
HERMAN M. SEROTA	Discussion of Chertok's paper	576
A. LIMENTANI	On drug dependence: clinical appraisals of the predicaments of habituation and addiction to drugs	578
D. W. WINNICOTT	Playing; its theoretical status in the clinical situation	591
OTTO KERNBERG	The treatment of patients with borderline personality organization	600
FREDERICK KURTH and ANDREW PATTERSON	Structuring aspects of the penis	620
PETER G. THOMSON	Vicissitudes of the transference in a male homosexual	629
ANITA I. BELL	Additional aspects of passivity and feminine identification in the male	640
ARNO GRUEN	Autonomy and identification: the paradox of their opposition	648
GARDNER LINDZEY	Psychoanalytic theory: paths of change	656
DANIEL S. JAFFE	The mechanism of projection: its dual role in object relations	662
DENIS O'BRIEN	Psychoanalytic method and the concept of repression	678
MELITTA SPERLING	Trichotillomania, trichophagy, and cyclic vomiting	682
R. E. MONEY-KYRLE	Cognitive development	691
W. W. MEISSNER	Notes on dreaming: dreaming as a cognitive process	699
HAROLD STEWART	Levels of experience of thinking	709
CHARLOTTE BALKÁNYI	Language, verbalization and superego; some thoughts on the development of the sense of rules	712
ERNEST A. RAPPAPORT	Beyond traumatic neurosis	719
ROY M. WHITMAN and JAMES ALEXANDER	On gloating	732

Book Reviews

GUSTAV BYCHOWSKI	<i>Freud: Political and Social Thought</i> by Paul Roazen	739
E. STENGEL	<i>On Suicide</i> edited by Paul Friedman	741
W. M. MCINTYRE	<i>Psychodynamic Studies of Aging, Creativity, Reminiscing and Dying</i> edited by Sidney Levin	742
L. VESZY-WAGNER	<i>La psychoanalyse d'aujourd'hui</i> edited by S. Nacht	743

Publications Received

International Psycho-Analytical Association
132nd Bulletin

745

748

Index to Volume 49

753

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